SB 8-75-MEDCASE

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

Headquarters, Department of the Army, Washington, DC 20310-2300 10 July 2006

Effective until rescinded or superseded

REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS

You can improve this publication. If you find any mistakes, or you know a way to improve it, please let us know. Mail your letter or DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the U. S. Army Medical Materiel Agency, ATTN: MCMR-MMO-A, Fort Detrick, MD 21702-5001. If you prefer using email, please address it to **usammacrm@amedd.army.mil**.

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SPECIAL NOTICE

THIS SUPPLY BULLETIN IS DEDICATED ENTIRELY TO THE PROCEDURES USED FOR THE MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE)/SUPERCEEP PROGRAM

THIS EDITION SUPERSEDES IN ITS ENTIRETY ***SB 8-75-MEDCASE*** DATED 10 MARCH 2004

AN OVERVIEW OF THE MEDCASE/SUPERCEEP PROGRAM

The Medical Care Support Equipment (MEDCASE)/Super Capital Expense Equipment Program (SuperCEEP) is a centralized funding program providing the investment and high-dollar value capital expense equipment required for Army health care activities at fixed Army Medical Treatment Facilities (MTFs) throughout the world.

The MEDCASE/SuperCEEP is centrally managed and funded through the U. S. Army Medical Command (USAMEDCOM) and administered by the U. S. Army Medical Materiel Agency (USAMMA). The MEDCASE utilizes Defense Health Program (DHP), Other Procurement, Defense (OPD) funds to acquire investment equipment. The SuperCEEP utilizes DHP, Operations and Maintenance, Defense (OMD) funds to acquire capital expense equipment.

Equipment requirements originate at the activity level. They are reviewed and approved depending on the dollar value, at the following levels:

(1) Activity

(2) Regional Medical Command (RMC)

(3) The USAMMA

(4) The USAMEDCOM

(5) Office of the Surgeon General (OTSG) Clinical Consultants and/or the Technology Assessments and Requirements Analysis (TARA) team.

Approved and disapproved requirements are recorded in the Army Medical Department (AMEDD) central database (the MRE system at https://usamma-extranet.detrick.army.mil/MRE/) maintained by the USAMMA.

The USAMMA receives MEDCASE/SuperCEEP funds from the USAMEDCOM. MEDCASE/SuperCEEP funds are managed and controlled in the Web MEDCASE Requirements and Execution (WebMRE) System for participating RMCs, their regional activities, and Major Subordinate Commands (MSCs).

The USAMEDCOM is the proponent of the MEDCASE/SuperCEEP program. The USAMMA is the proponent for the WebMRE system as well as technical consultant services to the Army Medical Department.

MEDCASE/SUPERCEEP Customer Feedback Sheet

This Supply Bulletin is produced to provide guidance to Logistics Personnel and other MEDCASE/SuperCEEP program customers on establishing MEDCASE/SuperCEEP requirements to support Army health care activities at fixed Army MTFs throughout the world.

The feedback sheet below requests your proposals for improving the next edition of this Supply Bulletin. It also serves as a vehicle for submitting questions, problems and proposed solutions pertaining to the MEDCASE/SuperCEEP program. The goal is to make future editions of this Supply Bulletin as informative and effective as possible.

CUSTOMER FEEDBACK For SB 8-75-MEDCASE Dated 10 March 2006

Response From:

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Telephone: _____ FAX: _____

E-mail: _____

To the USAMMA Website: http://www/usamma.army.mil

FEEDBACK (Please provide any constructive criticism about this edition):

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Send this sheet with comments to:

United States Army Medical Materiel Agency

ATTN: MCMR-MMO-AT

1432 Sultan Drive, Suite 100

Fort Detrick, MD 21702-5001

DSN 343-6984 / commercial 301-619-6984

OR

Contact our Customer Relationship Management Office (MCMR-MMO-PO) from our website at **http://www.usamma.army.mil**, select **CONTACT US**. Or from the homepage, under **Contact USAMMA**, click on the website and either send any additional feedback through the website facility or call us at the phone number shown.

We look forward to hearing from you.

CHAPTER 1. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) AND SUPER CAPITAL EXPENSE EQUIPMENT PROGRAM (SuperCEEP) GENERAL INFORMATION

1-1. PURPOSE AND APPLICABILITY

The purpose of this publication is to establish procedures and to implement or clarify policies for the execution of the MEDCASE/SuperCEEP program. It is applicable to all MEDCASE/SuperCEEP program participants worldwide. In cases where the instructions in this publication and a published Army regulation are in conflict, the Army regulation has precedence.

1-2. INTRODUCTION

The MEDCASE/SuperCEEP Program is a centrally managed, Department of the Army (DA)-level program which utilizes DHP, OPD and OMD funds, respectively, for the acquisition of capital investment and high dollar value capital expense equipment for fixed AMEDD Activities worldwide. The program also manages the approval and acquisition of investment equipment requirements that are funded by medical Military Construction (MILCON) Army funds for major medical construction projects.

1-3. RESPONSIBILITIES

a. The U. S. Army Medical Command (USAMEDCOM). The USAMEDCOM is the MEDCASE/SuperCEEP program manager and the proponent of MEDCASE/SuperCEEP program policy. The USAMEDCOM:

(1) Publishes MEDCASE/SuperCEEP program policy.

(2) Develops and defends the MEDCASE/SuperCEEP program budget.

(3) Determines program funding ceilings for RMCs and MSCs.

b. Functional Consultants. The OTSG Clinical Consultants or the TARA team review and provide propriety approval or disapproval for all MEDCASE/SuperCEEP program requirements.

c. The Strategic Technology/Clinical Policies Council (STCPC). The STCPC provides guidance and prioritizes all unfunded MEDCASE/SuperCEEP requirements annually to determine what requirements will be funded in the current year of execution.

d. The Diagnostic Imaging and Radiotherapy Subcommittee (DIRS). The DIRS is a subcommittee of the STCPC. This subcommittee provides recommendations to the STCPC on MEDCASE/SuperCEEP program requirements for diagnostic imaging and radiation therapy equipment.

e. The USAMMA. The USAMMA administers and executes the MEDCASE/SuperCEEP program for the USAMEDCOM, as well as:

(1) Determines the adequacy of MEDCASE Program Requirements (MPRs) and rejects those which are inadequate or which are not eligible for funding through the MEDCASE/SuperCEEP program.

(2) Serves as the proponent for the WebMRE System and provides technical assistance for online access to the WebMRE system for management purposes.

(3) Controls and accounts for MEDCASE/SuperCEEP funds, managed in the WebMRE system, for participating organizations as directed by the USAMEDCOM and maintains funds files within the WebMRE System through the posting of distributions, commitments, and obligations.

(4) As the Service Item Control Center (SICC) for medical materiel, determines the appropriate acquisition source for all MEDCASE/SuperCEEP requirements.

(5) Receives and processes requisitions for MEDCASE/SuperCEEP executions from program participants, and forwards them to the appropriate source of supply for procurement.

(6) Serves as the liaison between program participants and wholesale sources of supply.

(7) Publishes SB 8-75-MEDCASE.

(8) Coordinates with activities of the Defense Logistics Agency (DLA), Army commands, command surgeons and Army Health Care activities in matters relating to MEDCASE/SuperCEEP program management.

(9) Administers the TARA program.

(10) Serves as the functional consultant, appointed by USAMEDCOM, for reviewing and providing propriety approval or disapproval for diagnostic imaging and radiation therapy equipment MPRs.

e. The RMCs and MSCs. The RMCs and MSCs manage the development and execution of MEDCASE/SuperCEEP requirements within their command in accordance with USAMEDCOM policy, and:

(1) Review and approve or disapprove MPRs before they are forwarded to USAMMA.

(2) Develop and publish command guidance for MEDCASE/SuperCEEP program implementation within their command.

(3) Direct the distribution of excess equipment within their command to meet equipment requirements, as appropriate.

(4) Monitor and ensure program execution is in accordance with USAMEDCOM guidance and command goals.

f. MEDCASE/SuperCEEP Program Participants:

(1) Develop equipment requirements consistent with mission needs. Develop equipment requirements for construction/renovation projects in accordance with project milestones and published guidance.

(2) The activity commander shall review and approve or disapprove requirements in accordance with established MEDCASE/SuperCEEP policy and procedures.

(3) Ensure information provided on MPRs is complete and accurate.

(4) Maintain a record of program management decisions regarding prioritization and execution of MPRs prior to the beginning of each Fiscal Year.

(5) Ensure equipment items received are accounted for, installed, maintained and used.

(6) Report and dispose of excess equipment in accordance with AR 40-61 (Medical Logistics Policies) and SB 8-75-11, (Medical Logistics Procedures).

(7) Utilize exchange/trade-in of replacement equipment to the maximum extent possible.

g. The U.S. Army Health Facilities Planning Agency (USAHFPA):

(1) Provides, through the Health Facilities Project Officer assigned to construction projects, assistance to the local Chief of Logistics in the development of equipment requirements to support the project.

(2) Provides propriety review of all Budget Line Item Code (BLIC) "MB" MEDCASE/SuperCEEP requirements.

1-4. DEVIATIONS

Requests for deviation from the procedures stated in this publication should be directed with complete justification through command channels to the

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

CHAPTER 2. MEDCASE/SUPERCEEP PROGRAM POLICIES

2-1. INTRODUCTION

This chapter summarizes, interprets, and clarifies the MEDCASE/SuperCEEP program policies. Any recommended changes or requests for exception to these policies should be forwarded through Command channels with complete justification to the

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

2-2. MEDCASE/SUPERCEEP PROGRAM ELIGIBILITY

a. Eligibility Criteria. Equipment may be considered eligible for the MEDCASE/SuperCEEP program subject to the following criteria:

(1) It is classified as MEDCASE, capital investment-type equipment with a unit price equal to or greater than the DHP, OPD threshold of $250,000.

(2) It is classified as SuperCEEP, with a unit price equal to/or greater than the DHP, OMD threshold of $100,000 and less than $249,999.

(3) It is required to accomplish or support a health care mission at a fixed (i.e., Table of Distribution and Allowances [TDA]), Army Medical Department, Reserve Component, or Tri-Service medical activity.

(4) It is a nonexpendable end item, or a nonexpendable component or accessory to an end item, which will be accounted for on the activity's property book.

(5) It is not centrally managed and funded through another Department of Defense (DOD) or DA-level program.

(6) It is not required to accomplish a Base Operations (BASOPS) function.

(7) It is not required to provide back-up to existing equipment.

b. Approval for Non-Medical Equipment. The criteria stated above determine whether a requirement is eligible for acquisition through the MEDCASE/SuperCEEP program; however, certain types of equipment require separate approval and authorization before they can be acquired, regardless of program eligibility. Generally, nonmedical items of equipment require separate approval. This separate approval does not constitute MEDCASE/SuperCEEP program approval, but must be obtained prior to functional consultant review.

c. MEDCASE/SuperCEEP Funding of Equipment Managed by Another DA Program. Nonmedical equipment, which is normally managed and funded by another DA level program, such as security, may be considered for funding through the MEDCASE/SuperCEEP program. However, this is only after the activity commander determines that the primary program will not be able to support an immediate

mission requirement of the health care activity. A MEDCASE/SuperCEEP submission for such a requirement must include the following items:

(1) Documentation of the appropriate program approval,

(2) A statement from the appropriate manager indicating when funding through that program would be available,

(3) A statement from the activity commander describing the mission impact if acquisition of the equipment is delayed until funding through the normal program is available.

d. TDA Authorization and Type Classification. AR 40-61 serves as the authorization for medical equipment, except for Army-adopted (i.e., standard, type classified) medical equipment. Nonmedical equipment with a unit or system cost which meets or exceeds the DHP threshold requires TDA authorization and type classification exemption in accordance with AR 71-32 (Force Development and Documentation-Consolidated Policies). This is accomplished at the supporting command level following submission of the MPR. The MPR will accompany documentation for separate approval by the activity. Property Book authorization for nonmedical equipment is in AR 71-32. When assignment of a Line Item Number (LIN) is obtained by the USAMEDCOM, the equipment becomes authorized on the activity's TDA.

2-3. SPECIAL ELIGIBILITY CRITERIA

a. In cases where questions arise concerning the application of MEDCASE/SuperCEEP program eligibility criteria, clarification should be requested through command channels to the USAMMA, ATTN: MCMR-MMO-AT. A completed DA Form 5027-R (MEDCASE Program Requirement) must be included with requests for program eligibility. Questions that cannot be resolved at the USAMMA will be passed to the USAMEDCOM for resolution.

b. BASOPS

(1) BASOPS is not a term that describes a particular type of equipment; rather, it describes a functional responsibility. BASOPS functions are those that are the responsibility of the installation commander in support of the garrison and its tenants. Examples of BASOPs functions are:

- Base communication equipment,
- Fire protection,
- Grounds maintenance,
- Waste disposal,
- Common-use automated data processing equipment (ADPE) in support of:
  - Standard installation/division personnel system (SIDPERS),
  - Standard Army Finance System (STANFINS), and
  - Other installation level ADPE.

(2) Equipment for BASOPS functions is the funding responsibility of the host installation and is therefore, not eligible for the MEDCASE/SuperCEEP program, except Walter Reed Army Medical Center (WRAMC) and Fort Detrick. A related factor

in determining funding responsibility is whether or not the TDA appropriately authorizes the item and where property book accountability is maintained. If it is authorized on the installation's TDA, accounted for on the installation commander's property book, and it is for a BASOPS function, then it is not eligible for the MEDCASE/SuperCEEP program.

e. Nurse Call Systems.

(1) Nurse call systems are personal property (fixed) in accordance with (IAW) Army Regulation 735-5 (Policies and Procedures for Property Accountability). Nurse call systems are not considered as installed building equipment (DA PAM 420-11, *Project Definition and Work Classification*). This means nurse call systems must be purchased with DHP Procurement - MEDCASE funds when the dollar threshold meets or exceeds $250,000 and SuperCEEP funds when the dollar threshold is equal to or greater than $100,000 and less than $249,999. Minor construction or repair funding cannot be used to purchase new, replace, or upgrade nurse call systems.

(2) The MEDCASE/SuperCEEP program funds approved equipment and installation costs. The USAMEDCOM, Deputy Chief of Staff for Installations, Environment, and Facility Management (DCSIE&FM), site preparation program, funds site preparation and utility rough-in requirements.

(3) Facility managers and Chiefs of Equipment Management Branch should determine if their system needs to be replaced or updated. Factors such as reliability, maintainability, and technical obsolescence must be considered. The appropriate Item Description Code (IDC) is "4072".

f. Sets.

(1) A set is defined as an aggregate of components, expendable, durable and/or nonexpendable, which maintains its integrity and identity as a set throughout its useful life, is accounted for as a nonexpendable end item, and is used by a health care provider for a specific clinical procedure. This includes the requirement to control the components and replace them as necessary to maintain the integrity of the set. A set should be acquired as a single end item, using a single catalog number that refers to an established list of components. Requirements for sets, which are not acquired under a single catalog number, will be considered on a case-by-case basis. A "set" will not be considered MEDCASE/SuperCEEP-eligible if it appears that its sole purpose is to aggregate the unit costs of individual expense-type items in order to reach the program thresholds.

(2) Sets may be considered eligible for the MEDCASE/SuperCEEP program regardless of the unit price of their components. NOTE: This policy does not apply to standard, type classified, medical equipment sets that are listed as service-regulated items in chapters 2, 4, and 6 of SB 700-20.

(3) The replacement of components through the MEDCASE/SuperCEEP program may be considered only if the component, by itself, meets MEDCASE/SuperCEEP eligibility criteria.

g. Medical Equipment Systems.

(1) A system is defined as a collection or assemblage of component items, which must function together to accomplish a given objective. A system's components are usually physically connected and usually cannot function in the absence of its other components.

(2) Systems may be considered eligible for the MEDCASE/SuperCEEP program, regardless of the unit price of their component end items, provided that the system itself meets the eligibility criteria. A "system" will not be considered MEDCASE/SuperCEEP-eligible if a component by itself meets MEDCASE/SuperCEEP eligibility criteria.

(3) It appears that its sole purpose is to aggregate the unit costs of its component end items in order to reach the program thresholds. Requirements for systems will be considered on a case-by-case basis.

h. Components.

(1) Components are defined as sub-elements or sub-assemblies of a set or system that are integral to the basic function of that set or system. Components of sets are those items which are integral to the set and which are identified and accounted for on its component listing. Components of systems are those component end items which must function together to accomplish the basic purpose of the system and which are identified on the approved MPR.

(2) Nonexpendable components must be accounted for on the activity property book as prescribed by the Defense Medical Logistics Standard Support (DMLSS) system.

(3) Components that are necessary to make the set or system complete (regardless of unit price) may be acquired using MEDCASE/SuperCEEP funds when acquired with a MEDCASE/SuperCEEP eligible set or system. The acquisition of components subsequent to or separate from the set or system may be eligible for the MEDCASE/SuperCEEP program provided that the eligibility criteria (funding thresholds) are met. A system shall be considered to exist if one or more components are part of and function within the context of a whole to satisfy a documented requirement.

i. Accessories.

(1) Accessories are items that enhance or provide additional capabilities to an end item. An accessory may be expendable, durable, or nonexpendable; whereas a component is a functional element of a set or system, an accessory is considered to be a supplementary item. A transducer for an ultrasound scanner is a component of that end item. Additional transducers, which provide additional capabilities, are considered to be accessories to the end item.

(2)Accessories that are required to provide the full range of functions intended for an end item or a system and are identified on the approved requisition may be acquired using MEDCASE/SuperCEEP funds at the time the MEDCASE/ SuperCEEP-eligible end item or system is acquired. The acquisition of accessories

through the MEDCASE/SuperCEEP program subsequent to or separate from the end item or system may be considered, provided that eligibility criteria (funding threshold) are met for the specific accessory.

j. Upgrades.

(1) Upgrades to existing medical diagnostic/therapeutic equipment acquired through the MEDCASE/SuperCEEP program may be considered on a case-by-case basis for MEDCASE/SuperCEEP eligibility. Upgrades can be accomplished through the acquisition of a system modification or software that meets the eligibility criteria.

(2) Upgrades/modifications to equipment or systems, which are not approved through the MEDCASE/SuperCEEP program, are considered service or maintenance in nature and shall not be MEDCASE/SuperCEEP-funded, regardless of cost.

(3) Repair parts are not eligible for the MEDCASE/SuperCEEP program.

k. Eligibility for Medical MILCON Projects.

(1) Equipment that is required to complete a medical construction project is subject to the same review and eligibility criteria as all other MEDCASE/SuperCEEP program submissions.

(2) Requirements for Government Furnished-Contractor Installed Equipment (LOGCAT B and C) with a unit cost less than $250,000 must be acquired using DHP OMD funds.

l. Refurbishment.

The use of DHP OPD MEDCASE funds or centralized SuperCEEP DHP (OMD) funds to refurbish an existing piece of equipment is prohibited. Local DHP (OMD) funds should be used for refurbishment of existing equipment.

2-4. EQUIPMENT REPLACEMENT

a. General. Equipment will be replaced only when justified and supported by valid clinical need, demonstrated deficiency, or sound economic rationale. The age of an otherwise functional item of equipment shall not by itself be accepted as sufficient justification for replacement. MEDCASE/SuperCEEP program submissions must clearly demonstrate, with supporting documentation where appropriate, why an item of equipment is no longer acceptable for use. Factors that commonly support equipment replacement are:

(1) Maintenance experience, including excessive one-time or cumulative maintenance expenses or an unacceptably high frequency of repair.

(2) Technological obsolescence which unacceptably inhibits or degrades the quality of health care provided or the introduction of new technology which improves treatment/diagnostic accuracy or reduces pain/morbidity.

(3) Economic return through demonstrated cost reduction, increased efficiency and productivity, or conservation of manpower, supplies and utilities.

b. Retention for Backup. Equipment that is replaced through the MEDCASE/SuperCEEP programs will not routinely be retained for back up. Hospital commanders must sign a separate memorandum authorizing equipment retention. This memorandum must be submitted with the MPR/MEDCASE Support and Transmittal Form (MSTF).

c. New Facility Construction. The replacement of equipment associated with new facility construction is subject to the same requirements for justification, which apply to routine replacement and modernization.

2-5. UTILIZATION OF EXCESS EQUIPMENT

The utilization of excess equipment shall be the first consideration and the preferred means for meeting an equipment requirement. SB-75-11, dated 20 November 2005, specifies the procedures for identifying, reporting, and redistributing excess equipment.

2-6. PROPERTY ACCOUNTABILITY

a. Property Book Accounting. In order to be eligible for MEDCASE/SuperCEEP funding, a requirement must be a nonexpendable end item or a nonexpendable component or accessory to an end item; therefore, equipment acquired through the MEDCASE/SuperCEEP program must be accounted for on the activity property book in accordance with:

- AR 710-2 (Inventory Management Supply Policy Below the Wholesale Level),
- AR 735-5, AR 40-61, and the
- DMLSS guidance.

Under the Chief Finance Officer (CFO) Compliance Act all documentation affecting capital value of the equipment will be kept in physical files throughout the life of the asset (e.g., contracts, invoices, site prep, installation, production engineering, etc.) to include documentation related to disposals transfers in from other federal activities, exchanges, and trade-ins. This file must be maintained for the entire life of the equipment. For more information see SB-8-75-11, para 5-6, dated 20 November 2005. This policy applies to all equipment acquired with MEDCASE/SuperCEEP funds.

b. Uninstalled Equipment. Accountability for equipment acquired through the MEDCASE/SuperCEEP program will be established at the time the equipment is received by the activity. This policy specifically includes “uninstalled” equipment awaiting installation or the completion of site preparation.

2-7. FINANCIAL MANAGEMENT

a. Funds Control.

(1) The USAMEDCOM programs and receives DHP-MEDCASE/SuperCEEP funds. They release MEDCASE/SuperCEEP funds to USAMMA for management, control, and execution, and notify the RMCs and MSCs of the amount released. USAMMA establishes, controls, and maintains funds accounts for MEDCASE/SuperCEEP participants in the AMEDD central database, the WebMRE System in conjunction with USAMEDCOM guidance.

(2) The WebMRE System is the AMEDD central database for funds control of DHP-MEDCASE/SuperCEEP funds. The USAMMA is the proponent of this system and is the central accounting office for these funds.

b. Funds Allocation.

(1) The USAMEDCOM, through the STCPC, recommends to TSG which requirements will be funded annually. Commands may request adjustments to which items are funded in writing to the USAMEDCOM.

(2) Participating activities will maintain an internal record of the status of their MEDCASE/SuperCEEP funds release.

(3) The USAMEDCOM may withdraw any uncommitted, unobligated funds from RMCs and MSCs based upon failure to meet commitment and/or obligation targets. The USAMEDCOM can and will “roll-up” uncommitted/unobligated funds for centralized execution in the third quarter of the execution year and possibly earlier if financial circumstances dictate.

c. Program Execution.

(1) The USAMEDCOM will establish overall program execution targets. RMCs and MSCs will develop an execution plan that establishes targets and milestones for the commitment and obligation of their command allocation.

(2) Participating activities are responsible for the judicious management and use of MEDCASE/SuperCEEP funds.

(3) The USAMMA will fund the execution of approved program requirements through the funding of requisitions or for non-diagnostic imaging items using Letters of Authority (LOAs) or issuance of a Military Interdepartmental Purchase Requests (MIPRs).

2-8. NONCOMPETITIVE ACQUISITION

The DOD policy requires that acquisitions be made on a competitive basis to the maximum practical extent. Equipment requirements shall be evaluated based upon a specific, but generic, need and described in terms of minimum essential characteristics. In cases where such needs and characteristics can only be met by noncompetitive acquisition, the provisions of the Federal Acquisitions Regulations (FAR) and the Defense Acquisition Regulation Supplement (DFARS) must be satisfied.

CHAPTER 3. DEVELOPMENT OF MEDCASE/SUPERCEEP REQUIREMENTS

3-1. INTRODUCTION

a. MEDCASE/SuperCEEP Requirements. A MEDCASE/SuperCEEP requirement is a need for an item of equipment which is eligible for funding through the MEDCASE/ SuperCEEP program. A requirement equates to a single end item or system.

(1) MEDCASE/SuperCEEP requirements are forecasted and initiated by each MEDCASE/SuperCEEP program participant and are submitted through command channels for review and approval or disapproval. The unit price and functional area of the equipment requirement determine the level of approval authority.

(2) Approved and disapproved MEDCASE/SuperCEEP requirements are retained in the program database of the WebMRE System. Approved requirements may be executed when it is determined that funds are available.

b. Requirements Development by the MTF. The process of requirement development includes three broad functions. Unless otherwise specified in this manual, local or command directives may establish specific procedures and responsibilities for the accomplishment of these functions. The following paragraphs describe the functions that must be accomplished at the activity level during the three phases of requirements development:

(1) Identification of requirements. The identification of requirements includes forecasting requirements for equipment replacement and modernization and the identification of equipment requirements to meet additional missions, advancements in technology or standards of medical practice.

(2) Initiation of MEDCASE/SuperCEEP requirements. The initiation of requirements includes the preparation of the DA Form 5027-R (MEDCASE Program Requirement) and DA Form 5028-R (MEDCASE Support and Transmittal Form), the obtaining of separate approvals (when required), and the assigning of a MEDCASE/ SuperCEEP Asset Control Number (ACN) with BLIC for MEDCASE items. Appendix B provides instructions for the preparation of DA Form 5027-R and DA Form 5028-R.

(3) Submission of MEDCASE/SuperCEEP requirements. The submission of requirements includes the assembly of a completed DA Form 5027-R/5028-R with all attachments and supporting documentation through applicable channels.

c. Requirements Development by the TARA. The process of requirement development includes two broad functions. The following paragraphs describe the functions that must be accomplished during the two phases of requirements development:

(1) The identification of requirements. During a TARA site visit (see chapter 17), the team develops a 5-year equipment upgrade and replacement plan for all diagnostic imaging items that meet the MEDCASE/SuperCEEP threshold.

(2) The initiation of MEDCASE/SuperCEEP requirements. Per the 5-year plan, the USAMMA develops an ACN in the WebMRE and requests MTF and RMC concurrence.

3-2. IDENTIFICATION OF REQUIREMENTS

With the exception of TARA reviewed items, identification of requirements is normally the responsibility of the user. Although some requirements may be identified by other sources, such as a Hospital Risk Management Committee, generally, MEDCASE/ SuperCEEP requirements are identified based upon one of the following reasons:

a. Routine Replacement.

(1) The user, based upon maintenance, technology, and/or economic considerations, forecasts the routine replacement of existing equipment.

(2) To assist the user, DMLSS and the Joint Medical Asset Repository provide an Equipment Replacement Report. This report is available by property book and hand receipt and identifies equipment that may be eligible for replacement based upon date-in-service and life expectancy. While life expectancy alone is not an acceptable justification for replacement, this report provides a "starting point" for evaluating equipment for possible replacement. MEDCASE/SuperCEEP managers must provide users with this report on an annual basis or upon request.

b. New Technology. The user or the DIRS identifies new products arising from advancements in technology. Sources of information commonly include professional publications, professional development conferences, consultant visits, and equipment vendors.

c. New Mission. New missions assigned to an activity must be evaluated as soon as possible to determine if they can be supported by existing equipment. The activity or agency assigning the new mission as well as the activity receiving the new mission must conduct this evaluation. The directive assigning the new mission must be identified on the DA Form 5027-R.

d. Military Construction. New requirements for equipment may arise as a result of facility construction or a renovation project, which provides an increase in either the size or the capability of the activity.

3-3. MTF OR RMC INITIATION OF REQUIREMENTS

a. A MEDCASE/SuperCEEP requirement is initiated by the preparation and processing of a DA Form 5027-R and a DA Form 5028-R. This is the responsibility of the user or the requester. The DA Forms 5027-R and DA Form 5028-R must be initiated once it has been determined that a need cannot be met through the use of existing or reported excess assets.

b. The DA Forms 5027-R/5028-R are the basic documents of the MEDCASE/SuperCEEP program. Appendix B provides instructions for the preparation of DA Form 5027-R and DA Form 5028-R. Together they provide an auditable record that documents the need, coordination, and approval of a MEDCASE/SuperCEEP requirement. MEDCASE/SuperCEEP program participants, MSC/RMCs, and USAMMA are responsible for ensuring that DA Forms 5027-R/5028-R are complete, adequate,

accurate, and equipment requested is eligible for funding with MEDCASE/SuperCEEP funds. The requesting activity must maintain copies of all DA Forms 5027-R/5028-R for audit purposes.

(1) DA Forms 5027-R/5028-R must be prepared for each eligible MEDCASE/SuperCEEP requirement. As an exception, multiple quantities of a single line item may be requested on a single DA Form 5027-R/5028-R provided that the items are identical, the maintenance information for each item being replaced is provided and the justification on the DA Form 5027-R MPR is adequate for the total quantity. An ACN will be assigned to each item identified on the DA Form 5027-R, consequently, funding approval will occur independently.

(2) MEDCASE/SuperCEEP requirements shall be described in generic terms using the Standard Item Descriptions provided in Appendix A. Requirements will not be described by brand name. Where necessary for clarity, a brand name reference may be included following the generic item description; however this will not be accepted as an endorsement of that particular brand.

(3) Each individual block on the DA Form 5027-R must be completed. Continuation sheets may be used where necessary provided there is a clear reference to the block being continued. It is acceptable to leave a block on the DA Form 5027-R blank with a reference to "see attached sheet."

(4) The DA Form 5027-R must include a justification that clearly establishes the need for the item requested.

(5) If required for clarity, a copy of manufacturer's literature will be attached to the DA Forms 5027-R/5028-R as an enclosure. The enclosure of manufacturer's literature does not constitute endorsement of that brand.

(6) The initiator or requester certifies that the requirement described on the DA Form 5027-R is valid and that the justification provided is accurate to the best of his/her knowledge. The initiator's release also certifies that consideration has been given to the availability of existing or excess assets and that none are available that will meet the requirement.

(7) If the requirement is not a TARA-generated approved requirement, regardless of cost, you are required to provide a total case analysis (TCA) as noted in appendix F.

(8) If your facility had a TARA visit within the last four years, no TCA or detailed justification is necessary.

3-4. ASSIGNMENT OF A MEDCASE/SUPERCEEP ACN

Each MEDCASE/SuperCEEP requirement is identified by an ACN. ACNs are used to track requirements throughout the review and approval process and are the means by which requirements are identified and funded in the WebMRE system. (See figure 3-1.)

FIGURE 3-1. ASSET CONTROL NUMBER

IDC	FISCAL YEAR (FY)	SEQUENCE NUMBER (SEQ)
Is determined by the AMEDD Standard Item Description in appendix A	The target FY for execution	A unique, locally assigned, 3-position number used to identify a specific requirement.
3265	04	001
Scanner, Computed Tomography, Computed	FY 2004	Identifies the specific requirement for a CT X-ray system

a. Construction of an ACN. MEDCASE/SuperCEEP ACNs consist of three elements as stated below:

(1) IDC. The IDC is a four-position numeric code that relates to a standard item description for each type of equipment. Accurate IDCs are necessary for tracking and identifying equipment in automated property accounting and asset visibility systems. Appendix A provides a list of standard IDCs by functional area and in nomenclature sequence.

(2) FY Code: The FY Code refers to the fiscal year in which acquisition of the requirement is recommended or requested. For routine submissions, this will be the FY of the budget year, i.e., the next fiscal year. For urgent or emergency requirements, this will be the FY of the current or execution year.

(3) SEQ Code: SEQ is a three-digit code assigned from an ACN control register in accordance with local or command procedures. Normally, the activity MEDCASE/SuperCEEP manager maintains the ACN control register.

b. Assignment of an ACN. An individual ACN will be assigned to each requirement. In cases where multiple items are requested on a single DA Form 5027-R/5028-R, an ACN will be assigned for each item.

c. Recording ACNs in DMLSS. For MEDCASE/SuperCEEP program participants utilizing DMLSS for property accountability, the ACN must be entered when establishing a Planning Record.

d. The USAMMA/USAMEDCOM Unique ACNs. Sequence numbers 700 through 999 are reserved for the USAMMA use only. Sequence numbers 700 through 799 will be used for Picture Archiving Communications Systems (PACS). Sequence numbers 800 through 899 identify MEDCOM generated items. Sequence numbers 900 through 999 identify TARA recommended items. This technique is intended to allow uninterrupted processing of requirements. When a 700, 800, or 900 series ACN is used, the USAMMA will notify the activity.

3-5. ASSIGNMENT OF A BLIC

a. General. MEDCASE funds and requirements are divided into six categories that are identified by a BLIC. These categories describe the purpose for which the equipment and funds are required. The DMLSS and the WebMRE system incorporate a two-position BLIC. Input and output transactions in both the DMLSS and WebMRE utilize the two-position BLIC.

(1) BLIC UR (Replacement and Modernization). Identifies funds and equipment required to replace, upgrade, or modernize existing equipment or to provide new or expanded capabilities.

(2) BLIC CF (Clinical Investigation). Identifies funds and equipment required to support the AMEDD's Clinical Investigation Program.

(3) BLIC PC (Pollution Control). Identifies funds and equipment required to support the AMEDD's Pollution Control Program.

(4) BLIC DA (Drug Abuse and Control). Identifies funds and equipment required to support the AMEDD's Drug Abuse Prevention and Control Program.

(5) BLIC NF (New Facilities Equipment [DHP-funded]). Identifies funds and equipment required to equip medical MCA-funded construction/renovation projects.

(6) BLIC MB (New Facilities Equipment for Medical Military Construction Projects). Identifies funds and equipment required to equip medical MILCON new construction/renewal projects.

b. Responsibility. All MEDCASE requirements must accurately reflect the appropriate BLIC on the DA Forms 5027-R/5028-R. The BLIC is entered on the forms by the activity MEDCASE manager.

3-6. JUSTIFICATION OF REQUIREMENTS

a. General. Adequate clinical, logistical, or economic justification for MEDCASE/SuperCEEP requirements is absolutely essential to the integrity of the MEDCASE/SuperCEEP program. All requirements must be justified. The justification is the responsibility of the user or the initiator of the requirement, although it is the responsibility of every individual who releases a requirement to evaluate and, if appropriate, to question the justification provided.

b. Justifications. Justifications must be concise and entered in the appropriate space on the DA Form 5027-R. Continuation sheets may be used where necessary, provided there is a clear reference to the block being continued. It is acceptable for the justification block on the DA Form 5027-R to reflect, "see attached sheet."

(1) Minimum Essential Characteristics. A justification should state the minimum essential characteristics of the item requested and provide a clinical or functional reason for each.

(2) Justifications Supported by Facts. General statements such as, *"...required to meet an increase in workload"* will **not** be accepted unless the actual increase in workload is quantified and explained. Justifications that cite maintenance problems experienced with existing equipment must be supported by documentation of those maintenance problems. Such documentation is provided by the Equipment Maintenance Activity and must accompany the DA Forms 5027-R/5028-R through the review and approval process.

(3) Capabilities Versus Requirements. Justifications must relate the capabilities requested to the actual requirements of the activity. A requirement

justification that explains in great detail the technological advantages of a type of equipment will not be accepted unless the activity's need for those advantages is explained. The phrase "state-of-the-art" is not an acceptable justification unless the specific "state-of-the-art" capabilities and the need for those capabilities are described. Justifications must not repeat or paraphrase manufacturer's literature.

c. DA Form 5027-R Justification Block. The justification block on the DA Form 5027-R prompts the initiator to answer specific questions regarding the requirement. These questions must be answered clearly and concisely

(1) What is the requested item to be used for? Why is the item needed?

(2) How will the item be used with other equipment?

(3) What are the advantages of the requested item over equipment currently in use or available on the market? Why are these advantages needed?

(4) Have specific details been presented regarding cost-benefit, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors that may be relevant?

(5) What will be the impact upon mission accomplishment if the requested item is not acquired?

(6) Is the anticipated workload provided?

(7) Has consideration been given to the use of available excess assets to satisfy this requirement?

3-7. THE DMLSS SYSTEM

a. General. The DMLSS is a standard DOD system utilized by DOD medical activities worldwide. DMLSS provides the capability to plan, acquire, account, manage, and maintain property.

b. Requirements. The DMLSS equipment request enables activities to plan equipment acquisitions. This function and associated transactions allow for a systematic plan for the equipment needs of an activity's ongoing operations, technological innovations or change of mission. It provides a variety of tools for the management of an activity's MEDCASE/SuperCEEP program. Properly used, this module will provide management information applicable to each phase of the development of MEDCASE/SuperCEEP requirements.

c. Equipment Replacement Report. To support the identification of candidates for equipment replacement, DMLSS and Joint Medical Asset Repository (JMAR) provide Equipment Replacement Reports, which can be produced by property book or by hand receipt. This report identifies equipment that may be eligible for replacement based upon date-in-service and life expectancy. Although the age of equipment is not in itself justification for replacement, this report must be used by the activity to identify items of equipment that may warrant further evaluation.

d. Planning Record. Once the activity/RMC/MSC commander has approved a MEDCASE/SuperCEEP requirement, it is ready to be submitted through command

channels for review and approval as deemed appropriate. The DMLSS Equipment Request process generates an email that is sent to the USAMMA when the item is approved locally. The USAMMA enters the requirement in the WebMRE, but it is the responsibility of the activity to ensure the requirement is in the WebMRE system.

3-8. OBJECTIVES FOR MEDCASE/SUPERCEEP PROGRAM SUBMISSIONS

a. General. MEDCASE/SuperCEEP requirements must be submitted as they are approved by the activity commander. They should not be held at the activity and submitted in batches at routine intervals. Routine MEDCASE/SuperCEEP Program requirements are submitted during the budget year (i.e., during the FY preceding the FY in which the equipment is to be acquired). Requirements that are deemed by the local activity commander to be urgent or emergency are submitted for approval during the current execution year.

b. Processing Objectives. RMCs may establish processing objectives for their subordinate activities. Unless otherwise specified by command policies or procedures, activities should consider an average of 30 working days as the goal for the completion of internal review and approval.

3-9. SUBMISSION OF REQUIREMENTS

a. Documents Required for Submission. Requirements must be submitted as complete packages, i.e., the DA Forms 5027-R/5028-R with all appropriate supporting documentation and enclosures. The following list of documents typically comprises a MEDCASE/SuperCEEP program submission:

(1) DA Form 5027-R

(2) DA Form 5028-R

(3) Maintenance records on equipment that is to be replaced

(4) Documentation of separate approval for non-medical items

(5) Manufacturer's or vendor's price quote and literature

(6) Total Case Analysis (Appendix F)

b. Coordination of the DA Forms 5027-R/5028-R. Coordination is necessary to ensure that the item requested is appropriate and can be installed and/or supported by the activity. The activities most commonly involved in the review process have spaces provided on the DA Form 5028-R for comment and concurrence. Documentation of additional review may be attached as separate enclosures. Coordination with the following areas within the activity must be considered for all MEDCASE/SuperCEEP requirements and is generally the responsibility of the local MEDCASE/SuperCEEP Manager:

(1) Equipment Maintenance Activity. All MEDCASE/SuperCEEP requirements must be reviewed and commented upon by the equipment maintenance activity, which is responsible for the maintenance and repair (or maintaining a service contract) of equipment requested. Under no circumstances will the maintenance block on the DA Form 5028-R be considered "Not Applicable." The maintenance activity is

responsible for determining if the item requested can be supported, either through in-house maintenance or by service contract. For replacement of existing MEDCASE/SuperCEEP requirements the maintenance activity is responsible for determining if replacement is justified from a maintenance perspective and enters specific information obtained from maintenance records onto the DA Form 5028-R. The maintenance activity also provides a current copy of the maintenance record to be forwarded with the DA Forms 5027-R/5028-R.

(2) Engineer (Facility Manager). All MEDCASE/SuperCEEP requirements that require installation or site preparation must be reviewed and commented upon by the facility managing activity that provides facility support. The facility managing activity is responsible for determining if the equipment requested can be installed and operated in the facility and estimating requirements for site preparation, if necessary. Of particular importance are the availability of power, drainage, ventilation, and other utilities that may be required for the operation of the equipment. The health facilities officer or Project Point of Contact (POC) must sign in the Engineer Block if the project is a medical MILCON project.

(3) Information Management Officer. All MEDCASE/SuperCEEP requirements which have Information Mission Area Equipment (IMAE) associated with it must be reviewed by the activity's Information Management Officer (IMO). The IMO is responsible for determining if the equipment requested requires separate IMA approval as prescribed by AR 25-1.

(4) Health Physics Officer (HPO). The HPO review and clearance is required for all MEDCASE/SuperCEEP requirements which emit radiation, microwaves, laser, radio waves, or has radioactive materials as a component. HPO clearance may be granted if all regulatory requirements are, or shall be, met.

(5) Local Chief of Radiology. All MEDCASE/SuperCEEP requirements for diagnostic imaging or radiation therapy equipment must be reviewed by the local Chief of Radiology whether or not it will be operated within the Department of Radiology. The concurrence and signature of the Chief of Radiology must appear on the DA Form 5027-R, if more space is needed use a separate enclosure.

(6) Resources Manager. All MEDCASE/SuperCEEP requirements that:

(a) require maintenance by service contract;

(b) allow termination of a service contract; or

(c) are justified based upon economic return or savings must be reviewed by the activity resources manager. The resource manager determines the impact of the requirement upon the activity operating budget to ensure that it can be supported and verifies economic analysis used in the justification. Resources manager comments and signature must appear on the DA Form 5027-R.

(7) Logistics. The Logistics Division is the proponent for the activity's MEDCASE/SuperCEEP program. The Chief of Logistics is responsible for ensuring that a MEDCASE/SuperCEEP requirement is:

(a) eligible for the MEDCASE/SuperCEEP program;

(b) properly coordinated (to include the screening of excess assets) with all of the necessary signatures; and

(c) ready for submission to the activity commander for review and approval. The Chief of Logistics must recommend approval or disapproval of all MEDCASE/SuperCEEP program requirements.

c. Local Approval. Once the DA Forms 5027-R/5028-R are initiated and coordinated within the activity, the activity commander reviews and approves or disapproves the requirement. This authority will not be delegated. The release of the DA Forms 5027-R/5028-R by the activity commander designates approval of the requirement and certifies that the requirement represents a valid, justified need for the accomplishment of the activity's mission. The Commander also determines whether or not an item to be replaced should be turned in or retained.

d. Role of Local Program Budget Advisory Committee (PBAC). The PBAC is an advisory committee that recommends funding and other resource utilization priority ranking to the commander. The PBAC neither approves nor disapproves MEDCASE/SuperCEEP requirements. The PBAC does not review DA Forms 5027-R or 5028-R before they are forwarded for final review and approval. The prioritizing of the MEDCASE/SuperCEEP requirements must be accomplished prior to the end of September in the year of execution or earlier if requested by USAMEDCOM.

e. Regional Medical Command/Major Subordinate Command Approval. The requirement is forwarded to the RMC Commander for approval or disapproval after the activity commander reviews and approves the requirement. The RMC Commander authority will not be delegated. Upon RMC/MSC approval, all DA form 5027-R/5028-R must be sent to USAMMA for OTSG consultant review.

3-10. MILCON PROJECT REQUIREMENTS MANAGEMENT (BLIC "NF" AND "MB")

a. Planning for the Equipment. Requirements must be started before construction begins. This ensures that sufficient funds are allocated for the equipment in advance of construction. Chapter 11 provides an overview of the events and the responsibilities associated with a project. The following paragraphs discuss the development of MEDCASE requirements for a new or renovated facility.

b. Management of Medical MILCON Projects. MEDCASE requirements for medical MILCON projects are intensively managed at the activity and the command level. Each project is identified within the MEDCASE system by a Project Code. Activities must add the project code to the Project Code File in the DMLSS requirements module to ensure correct interface with the WebMRE system. A project code is obtained from USAMMA for each facility project.

c. Assignment of a BLIC. Equipment requirements developed as part of a medical MILCON project are assigned one of two BLICs: NF or MB. These BLICs identify the type of funds that will be used to execute the requirement. To determine the appropriate BLIC, the activity must determine the Logistical Category (LOGCAT) code assigned to that type of equipment. LOGCATs are explained in chapter 11, paragraph 11-3.

(1) BLIC "NF" requirements are funded with DHP MEDCASE/SuperCEEP funds. BLIC "NF" requirements equate to LOGCAT C equipment.

(2) BLIC "MB" requirements are funded with medical MILCON funds which are set aside by the Corps of Engineers for the acquisition of equipment through the MEDCASE program. BLIC "MB" requirements equate to LOGCAT "E" and "F" equipment.

d. Justifications for BLIC "NF" and "MB" Requirements. Justifications for equipment required as parts of a project are subject to the same scrutiny as requirements within other BLICs. In order to ensure that justifications provided are adequate, the activity should address the following:

(1) If the DA Forms 5027-R/5028-R are for a replacement item of equipment, include supporting documentation such as maintenance records for the item being replaced. This requirement is no different from that which is required for a BLIC "UR" submission.

(2) If the DA Form 5027-R/5028-R are for equipment that is needed to meet the requirements of a larger facility or expanded capabilities, describe the difference between the old and new facilities and explain what existing assets can and cannot be used.

(3) Do not assume that the approving authority can consider the fact that a requirement is listed on the Project Room Report (PRR) or has been identified by the transition committee as justification by itself. Every requirement must stand on its own merits and clearly explain why the equipment requested is required.

e. Submission of Requirements.

(1) BLIC “NF” and “MB” requirements may be submitted up to 5 years before the anticipated year of execution. Requirements, which require installation must be submitted in time to allow for sufficient acquisition lead-time to prevent construction delays. The ACNs shall reflect the FY of the year in which execution is expected. These requirements must be developed and submitted in time to routinely flow through the MEDCASE/SuperCEEP review process and to allow adequate procurement lead-time following approval and funding. Activities must plan to have "1A" approval on individual requirements no later than 12 months prior to the execution year.

(2) Requirements that are not funded will be purged from the MEDCASE database at time of Beneficial Occupancy. Requests for exceptions to the policy for DA Forms 5027-R/5028-R submission and/or funding must be submitted through command channels to USAMMA, ATTN: MCMR-MMO-AT, for evaluation on an individual case-by-case basis.

f. Review Criteria for On-hand Equipment. It is AMEDD policy that existing assets be used to meet the equipment requirements of construction/renovation projects to the maximum extent feasible. The review and evaluation of equipment requirements and existing assets must take into account the potential obsolescence of equipment at the time the new facility will be occupied. Also, consideration must be given to the cost of removing, transferring and reinstating existing equipment, as well as the useful life of on-hand assets if there is slippage in the occupancy dates due to construction delays. A project shall not be viewed as an opportunity to acquire all new equipment for a facility. Replacement of existing equipment must be fully supported

and justified through the MEDCASE/SuperCEEP approval process. The following criteria may be used as a guide in evaluating existing equipment:

(1) Equipment having at least 24 months of useful life remaining at the time of planned occupancy of the new facility should be used in the new facility unless the equipment would be technologically obsolete or cannot be made to conform to safety standards or project design. Equipment that is essential to operations in both the old and new facility may be considered for replacement if the equipment cannot be removed, transferred, and reinstalled in time to prevent curtailment of essential services.

(2) Equipment in place is normally not eligible for MEDCASE/SuperCEEP funding. Equipment in place that has at least 12 months of useful life remaining at the time of planned occupancy of the new facility should be used in the new facility unless the equipment would be technologically obsolete.

g. Early Replacement of Equipment. If, during the review process, it is determined that an item of equipment must be replaced due to maintenance or technological reasons before it would otherwise be moved to the new facility, it should be replaced as a BLIC "UR" MEDCASE/SuperCEEP requirement. Consideration will be made on a case-by-case basis.

3-11. INITIATION OF BLIC "NF" AND BLIC "MB" REQUIREMENTS

a. Equipment Planning. For planning purposes, there are two categories of equipment that must be programmed for a medical MILCON project.

b. LOGCAT Codes - Government Furnished Equipment (GFE). (**Note**: Few items, if any, are MEDCASE/SuperCEEP eligible.) GFE items are those LOGCAT "E" items that are listed in the final design drawings and contract specifications for the new facility. The government must provide this equipment to the construction contractor, who is responsible for their installation. It is essential that these items are made available to the contractor by various deadlines established in the construction contract; otherwise, the government may be liable for costs associated with a project delay. The Health Facility Project Office (HFPO) assigned to the project will advise the activity of the required delivery dates for GFE.

c. X-ray equipment. X-ray equipment is typically MILCON funded and are categorized as LOGCAT "F" items. X-ray equipment is installed by the equipment vendor as part of the purchase contract. The technical complexity of these systems requires considerable effort to adequately prepare the necessary documentation for their approval and purchase. Due to their high dollar value, long acquisition lead times are often experienced, especially for overseas customers.

3-12. CENTRAL REQUIREMENTS

a. General. There may be cases where it is determined that it would be advantageous to generate consolidated MEDCASE/SuperCEEP equipment requirements for approval and/or acquisition. Advantages of such action could include: the standardization of an item, the ability to apply funds for a large requirement without

decrementing activities' accounts, ensuring the timely or coordinated receipt of equipment by several activities, or cost savings which may be obtained through the competitive acquisition of large quantities of equipment.

(1) A consolidated acquisition pertains to the consolidation of approved MEDCASE/SuperCEEP requirements for central acquisition by a designated procurement activity.

(2) A central requirement pertains to the identification, initiation, coordination and approval of a MEDCASE/SuperCEEP requirement. Central requirements may be executed by either a consolidated acquisition or by decentralized local procurement by the designated activities.

b. Development of Central Requirements. Central requirements may be developed and submitted for approval using a single DA Form 5027-R/5028-R with a listing of the activities designated to receive the equipment included as an enclosure. A central requirement provides sufficient justification to support the acquisition of the equipment for all of the designated activities and, when applicable, to include maintenance summaries. The activity preparing the central requirement is responsible for the preparation of the acquisition purchase description of the equipment.

(1) The USAMEDCOM and USAMMA may generate central requirements for medical activities. In such cases, there is no requirement for the receiving activity to generate a DA Form 5027-R or a DA Form 5028-R. Activities must establish the requirement in the Requirements module of DMLSS.

(2) The USAMMA will assign an ACN for each activity and notify the activity of the ACN and request they assign and provide a document number in order to process the requirement for procurement. The USAMMA will notify the activity when to establish a due in and the activity will update DMLSS with the due in.

c. Coordination. Central requirements and/or consolidated acquisitions require careful coordination to ensure that activities are provided with the information necessary to post MEDCASE/SuperCEEP records and establish property accountability.

CHAPTER 4. APPROVAL OF MEDCASE/SUPERCEEP REQUIREMENTS

4-1. INTRODUCTION

a. General. All MEDCASE/SuperCEEP program requirements must be approved for propriety. The level of approval is determined by the unit price of the requirement. The USAMEDCOM, the RMCs, MSCs, or the USAMMA retains the prerogative to review and override approvals on an exception basis.

(1) MEDCASE/SuperCEEP requirements will be evaluated based upon MEDCASE/SuperCEEP program eligibility, adequacy of justification and documentation, and the capabilities and mission requirements of the requesting activity. MEDCASE/SuperCEEP requirements that are determined to be ineligible for the MEDCASE/SuperCEEP program, insufficiently justified or documented, or are determined to be beyond the capability and mission of the requesting activity shall be disapproved.

(2) The review of MEDCASE/SuperCEEP requirements shall include an evaluation of administrative accuracy to include the proper completion of the DA Forms 5027-R/5028-R, the use of a proper nomenclature, and the assignment of an appropriate IDC. Requirements that are not administratively correct will not be approved.

(3) If your facility had a TARA visit within the last 4 years, no TCA, detailed justification, or MEDCASE/SuperCEEP package is required.

b. Approval Versus Funding. The determination of MEDCASE/SuperCEEP program approval is made based upon propriety of need and not related to the present or the anticipated availability of funding. Approved MEDCASE/SuperCEEP requirements constitute a database against which funding may be applied based upon AMEDD, command and activity priorities.

c. Resubmission of Disapproved Requirements. Requirements that have been disapproved by the USAMEDCOM, RMC, MSC or USAMMA may be resubmitted. They will be resubmitted using the same ACN within 120 days after the disapproval action code is entered into the WebMRE system. (After 120 days, the ACN becomes inactive in WebMRE and will not be reinstated. Requirements may be resubmitted with a newly assigned ACN.) Resubmissions must address the reasons for which the requirement was disapproved. Correspondence regarding the disapproval and the actions or additional information provided by the activity become part of the requirement documentation and should be forwarded with the resubmission.

d. MEDCASE/SuperCEEP Nonmedical Requirements. MEDCASE-eligible commercial-type non-medical equipment ($250,000 and greater) and SuperCEEP-eligible commercial-type non-medical equipment (equal to or greater than $100,000 and less than $249,999) must be submitted for USAMEDCOM "type classification exemption" and approval for inclusion in the TDA.

4-2. ACTIVITY/RMC/MSC COMMANDER REVIEW AND APPROVAL

a. General. Activity/RMC/MSC Commanders review, approve or disapprove all MEDCASE/SuperCEEP requirements that originate within their activity. This authority will not be delegated.

b. Evaluation and Approval. The Activity/RMC/MSC Commander will:

(1) Evaluate and conduct a functional review of each requirement and approve or disapprove based on propriety need.

(2) Forward all requirements to USAMMA (as applicable) for coordination and final approval/disapproval.

c. Redistribution of RMC Assets. All RMCs may direct the redistribution of excess assets within their RMC to meet validated MEDCASE/SuperCEEP requirements, as appropriate.

d. Non-medical Requirements. Commands will process requirements for non-medical items of equipment for type classification exemption and TDA approval in accordance with AR 71-32.

e. Command-Processing Objectives. All RMCs should use an average of 21 working days as an objective for processing MEDCASE/SuperCEEP requirements from the date received to the date forwarded to the USAMMA.

4-3. USAMEDCOM/OTSG CONSULTANT REVIEW AND APPROVAL

a. The USAMEDCOM/OTSG Consultants review and approve or disapprove all non-diagnostic imaging RMC/MSC-approved DA Forms 5027-R/5028-R which have a unit cost of $100,000 or more. The TARA team reviews and approves or disapproves all diagnostic imaging RMC/MSC-approved DA Forms 5027-R/5028-R with a unit cost of $100,000 or more.

b. The USAMMA receives and reviews all requirements submitted for the consultant approval. The USAMMA is responsible for the requirements database.

(1) The USAMMA ensures that MEDCASE/SuperCEEP requirements are ready for functional review and final approval/disapproval with respect to program eligibility and adequacy. Requirements that are not MEDCASE/SuperCEEP-eligible will be disapproved. Requirements which are not correct or do not have sufficient information or documentation for the functional consultant's review will either be disapproved or have the deficiency resolved. When necessary, the USAMMA will provide administrative comments on the requirement transmittal to enhance packet for consultant review.

(2) The USAMMA posts the action codes (see table 4-1) assigned by the consultant to the WebMRE system. The USAMMA will notify activities and commands of disapproval action. Activities must query the WebMRE system for requirement status.

(3) The USAMMA will maintain a record copy of approved or disapproved DA Forms 5027-R/5028-R by the functional consultant representative.

4-4. MEDCASE/SUPERCEEP ACTION CODES

a. Action Codes. The MEDCASE/SuperCEEP action code reflects approval or disapproval action taken by the TARA or the OTSG clinical consultant. Only requirements that are assigned a "1A" approval action code are approved requirements and may await future funding through the MEDCASE/SuperCEEP program (see table 4-1).

(1) MEDCASE/SuperCEEP participants must closely monitor the approval status of requirements that have been submitted for MEDCOM/OTSG clinical consultant review.

(2) MEDCASE/SuperCEEP action codes reflect approval/disapproval status only, and do not relate to the funding status of a requirement or to the availability of funds for a requirement.

b. Explanation. The MEDCASE/SuperCEEP action code is a two-character data element. With the exception of the action codes 5A, 5M, and 4M, which are deferral codes to indicate special administrative processing; MEDCASE/SuperCEEP action codes reflect either approval or disapproval. The alpha character indicates either the reason for disapproval or qualifies an approval.

4-5. EXPIRATION OF UNFUNDED MEDCASE/SUPERCEEP REQUIREMENTS

a. Approved Requirements. Approved (1A) unfunded MEDCASE (BLIC CF, DA, PC and UR) requirements remain active for 3 FYs. MEDCASE MILCON (BLIC MB) requirements remain active for 5 FYs.

> Example: **MEDCASE** requirement with a fiscal year of “06” in the ACN will remain active until 30 September 2008.
>
> Example: **MILCON** requirements with a fiscal year of “06” in the ACN will remain active until 30 September 2010.

At the end of 3 or 5 FYs, whichever is applicable, remaining unfunded requirements will be automatically purged from the AMEDD central database (WebMRE) at the USAMMA. These requirements will no longer be available for execution. In the case where a site generated requirement expires and there is still a valid need, action should be initiated by the activity to resubmit the documentation with a new ACN. The TARA will revalidate and assign a new ACN, if applicable, for all unfunded TARA generated requirements. Approved SuperCEEP funding is only active for 1 year.

> Example: SuperCEEP requirement with a fiscal year of “06” in the ACN will remain active until 30 September 2006.

b. Disapproved Requirements. The USAMMA will purge all disapproved or rejected MEDCASE/SuperCEEP requirements from the central database 120 days from date of disapproval action, unless action is taken by the activity to re-justify the requirement or comply with consultant instructions. Resubmission after 120 days requires a new ACN and TARA and/or OTSG consultant approval.

c. Certification of Active Requirements. Approved MEDCASE/SuperCEEP requirements remain active for obligation purposes until they are executed or expire. Activities must periodically review their approved unfunded MEDCASE/SuperCEEP requirements, validate prices, and delete requirements that are no longer needed.

TABLE 4-1. MEDCASE/SUPERCEEP ACTION CODES

ACTION CODE		DEFINITION
RMC/ MSC	Clinical Consultant	
	5A	Receipt confirmation, by the USAMMA, of DMLSS interface from submitting activity.
	5M	The WebMRE system was pre-loaded with a requirement resulting from a TARA visit. 1A action code will be assigned after approval from the activity and RMC commanders. This code is only assigned by USAMMA.
	1A	Non-TARA generated: approved by the MEDCOM/OTSG clinical consultant. TARA generated: Concurrence w/ TARA recommendations from activity and RMC commanders.
	4M	Requirement is receiving special administrative reviews prior to assignment of a final 4P command approval. No further action required by originator.
	4P	Awaiting MEDCOM/OTSG consultant approval/disapproval.
	4T	TARA transmittal sent to site and region for concurrence.
	3B	Disapproved. Item is beyond your mission requirements.
	3C	Disapproved. Justification for requested equipment is inadequate. Submit additional justification.
	3D	Disapproved. Documentation required was not submitted with DA Forms 5027-R/5028-R. Resubmit with complete documentation.
	3E	Disapproved. Professional personnel are not currently authorized/ assigned to your activity with qualifications to operate this equipment.
	3F	Disapproved. Communication (meeting/conversation/note/letter) has or will indicate reason for disapproval.
	3G	Disapproved. Incorrect IDC was assigned.
	3H	Disapproved. Equipment requested is not eligible for the MEDCASE/SuperCEEP program.
	3R	Disapproved. Rejected for administrative reasons. Communication (meeting/conversation/note/letter) has or will indicate reason.

CHAPTER 5. EXECUTION OF MEDCASE/SUPERCEEP REQUIREMENTS

5-1. INTRODUCTION

Execution refers to the expending of MEDCASE/SuperCEEP funds for the acquisition of approved MEDCASE/SuperCEEP requirements. MEDCASE/SuperCEEP requirements are funded in the order determined by the STCPC, using the MEDCASE/SuperCEEP funds released to the activity's station account by the command. Any deviation from that plan must be approved by the STCPC via the USAMEDCOM. There are three methods for executing MEDCASE/SuperCEEP requirements: local purchase, requisitioning, or an alternate acquisition activity.

a. Local Purchase. To execute requirements by local purchase, the USAMMA issues a LOA directly to the participating activity. The LOA provides a fund citation (drawn from the activity's station account), which the activity applies to a DA Form 3953 (Purchase Request and Commitment) for local purchase. The issuance of an LOA constitutes a commitment of MEDCASE/SuperCEEP funds. Procedures for requesting and managing LOAs are contained in Chapter 7.

b. Wholesale Supply System. To execute MEDCASE/SuperCEEP requirements through the wholesale supply system, an activity submits a DD Form 1348-6 (DOD Single Line Item Requisition System Document) to the USAMMA. The USAMMA applies a MEDCASE/SuperCEEP fund cite to the 1348-6 and passes the requisition to the appropriate source of supply. The submission of a funded requisition to a wholesale supply source constitutes an obligation of MEDCASE/SuperCEEP funds. Procedures for requisitioning MEDCASE/SuperCEEP requirements are contained in Chapter 6. Appendix D contains an example of DD Form 1348-6 for use in preparing requisitions for MEDCASE/SuperCEEP requirements. Requisitioning via a 1348-6 is required for all diagnostic imaging systems.

c. Alternate Acquisition Activity. To execute MEDCASE/SuperCEEP requirements through an alternate acquisition agency, i.e., the U.S. Army Engineering and Support Center (USACE-HNC), Huntsville, AL, an activity submits a DD Form 1348-6 to the USAMMA. The USAMMA applies a MEDCASE/SuperCEEP fund cite to a MIPR drawn from the activity's station account. The requisition or MIPR is passed to the alternate acquisition activity. The acceptance of a reimbursable MIPR by the performing acquisition agency constitutes an obligation of MEDCASE/ SuperCEEP funds. The acceptance of a direct cite MIPR constitutes a commitment of MEDCASE/SuperCEEP funds. Chapter 8 provides procedures for requisitioning alternate acquisition activity MEDCASE/SuperCEEP requirements.

5-2. FUNDING MEDCASE/SUPERCEEP REQUIREMENTS

a. Requirements will be funded based upon STCPC recommendations and final approval by the Army Surgeon General.

b. Requirements Listing. The WebMRE central database at the USAMMA provides status of all requirements in an online, real time mode. Chapter 10 provides information pertaining to online access to the MRE system.

5-3. FUNDS MANAGEMENT AT THE STATION

a. General. MEDCASE/SuperCEEP funds are released by the USAMEDCOM to the USAMMA. MEDCOM advises the USAMMA how to distribute funds among the subordinate activities based on the approved STCPC line items. Upon this advice, the USAMMA establishes accounts within the MEDCASE/SuperCEEP requirements and execution system that indicate the amount of funds for which each activity is authorized. These accounts are referred to as "station accounts."

b. Program Release. The program release is the actual distribution of funds by the USAMMA into the station accounts as directed by the commands. It will be made available as soon after 1 October of the execution year as possible. The program release is divided by BLIC (see chapter 3), and funding status is resident in the WebMRE. Status of all station accounts is available in an online, real-time mode. Chapter 10 provides information pertaining to online access to the WebMRE system.

c. Program Status. Activities are responsible for execution of their program release, to include current commitments and obligations by BLIC and project, if applicable.

(1) Commitments. A commitment is an administrative reservation of funds. It constitutes the "setting aside" of funds for a specific purpose. MEDCASE/SuperCEEP program commitments occur when the LOA is issued for the local purchase of a MEDCASE/SuperCEEP requirement or upon acceptance of a direct cite MIPR. Appendix C provides an example of an LOA. Commitments become obligations when a contract or delivery/purchase order from the local purchase action is posted to the WebMRE system.

(2) Obligations. An obligation is a legal reservation of funds. An obligation occurs when a contract or delivery/purchase order is posted to the MRE system or upon the submission of a funded requisition (DD Form 1348-6) to a wholesale level of supply or acceptance of a reimbursable MIPR by the performing acquisition agency. Appendix D provides an example of a requisition.

5-4. EXECUTION OF BLIC "MB" REQUIREMENTS

BLIC "MB" funds are medical MILCON funds appropriated by Congress for a health facility project that are set aside to procure LOGCAT code "E" and "F" equipment for the New Facility.

a. The Army Corps of Engineers has all MILCON funds for LOGCAT code "E" and "F" equipment at HQ USACE for control. The HQ USACE releases the funds for equipment purchases through USACE Regions after coordination with the Health Facilities Project Office responsible for the medical MILCON project.

b. Funding BLIC "MB" requirements. Activities will not receive a BLIC "MB" funds release.

c. Requisitions. All BLIC "MB" requirements will be executed by forwarding a requisition to USAMMA as prescribed in Chapter 6. The USAMMA will forward requisitions for LOGCAT code "E" items to USACE-HNC for procurement.

5-5. RECEIPT PROCESSING

a. Receipt Processing. The receipt processing links the MEDCASE/SuperCEEP, property accountability, and asset visibility in a database. This consists of accounting for the new item on the property book and submitting a Receiving Report.

b. Property Book Items. All items of equipment procured through the MEDCASE/SuperCEEP program must be accounted for on the activity property book. The ACN and IDC fields in the DMLSS property record must be correct. The nomenclature should be generic and consistent with standard item descriptions in appendix A. Attention should be directed toward compliance with procedures for DMLSS and command guidance.

c. MEDCASE/SuperCEEP Receiving Reports. MEDCASE/SuperCEEP receiving reports must be forwarded to the USAMMA within 5 business days of receipt IAW the Prompt Payment Act:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

CHAPTER 6. WHOLESALE SUPPLY SYSTEM (REQUISITIONS)

6-1. INTRODUCTION

a. General. Requisitions for approved MEDCASE/SuperCEEP requirements are submitted by activities through the USAMMA to an alternate acquisition source or to a wholesale supply source. The primary wholesale supply source is the the Defense Supply Center Philadelphia (DSCP) (S9M).

b. Mandatory Use. Requisitions are used for the following types of equipment:

(1) Standard stocked or centrally procured items (Acquisition Advice Code [AAC] "D" or "H") for all MEDCASE/SuperCEEP participants.

(2) Nonstandard and standard nonstocked items (AAC other than "D" and "H") for OCONUS MEDCASE/SuperCEEP participants. (**Note**: Not mandatory, see Chapter 7.)

(3) Diagnostic imaging and radiation therapy systems for all MEDCASE/SuperCEEP participants.

c. Use of Requisitions by Continental United States (CONUS) and Outside Continental United States (OCONUS) Activities.

(1) The wholesale supply system can provide procurement support to CONUS activities for nonstandard equipment. Activities should contact DSCP to coordinate transmittal of requisitions and product description data for all nonstandard equipment.

(2) OCONUS activities obtain most of their approved MEDCASE/SuperCEEP requirements by requisition.

(3) Requests for exception to policy to acquire by local procurement must be justified and forwarded in writing to the:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

6-2. BASIC REQUISITIONING PROCEDURES

a. General. Requisitions will be submitted only for approved (1A) requirements that have been approved by the STCPC and notified by the USAMEDCOM. Participants must submit requisitions to the USAMMA in accordance with Command policy. The USAMMA must receive three (3) copies of requisitions and all supporting documentation.

(1) Diagnostic Imaging. Participants must submit the DD Form 1348-6 with a manufacturer price quote and site preparation estimate. Refer to chapter 12 for further guidance regarding requisitions for diagnostic equipment.

(2) All requisitions for nonstandard items requesting acquisition through restricted competition (i.e., "sole-source") must include a justification for less-than-full-and-open competition. Chapter 14 contains guidance regarding the Competition in Contracting Act (CICA).

b. DD Form 1348-6. The DD Form 1348-6 is the basic document used for most requisitions. It must be completed in correct MILSTRIP format with additional exception data provided as shown in Appendix D samples. The DD Form 1348-6 must be submitted to USAMMA in three (3) copies. Useful references which can be used when preparing DD Form 1348 series MILSTRIP requisitions are:

(1) Chapter 3 of this SB and, AR 725-50, The Requisitioning, Receipt, and Issue System.

(2) The DLA Customer Supply Assistance Program Handbook. This publication may be obtained by contacting the DLA customer assistance representative in your geographic area.

6-3. OVERVIEW OF REQUISITION PROCESSING

The following brief description shows some of the major steps involved in processing a MEDCASE/SuperCEEP requisition through the USAMMA to a wholesale supply source

a. Unavailable Excess Assets. After a final, unsuccessful check for available excess assets that could meet the requirement, a requisition (DD form 1348 or 1348-6) is prepared in MILSTRIP format and the necessary supporting documents are attached. At least three (3) complete copies are prepared.

b. Requisition Submission. The requisition, with supporting documentation, is forwarded to USAMMA in accordance with command policy. A Due-In is entered into the DMLSS, which updates the Funds Control Journal. Appendix D provides an example of a requisition (DD Form 1348-6).

c. Requisition Processing at the USAMMA. The USAMMA reviews the requisition, verifies that it is for an approved (1A) requirement, ensures that funds are available in the station account, posts the execution to the WebMRE system, and forwards the requisition to the appropriate wholesale supply source. This transaction obligates funds.

d. Requisition Processing at Wholesale Activity. The wholesale supply activity receives the requisition and processes it for acquisition and/or delivery. The USAMMA receives supply and shipment status in MILSTRIP format, where it is posted to the WebMRE. Shipment status will cause the previously recorded obligation to move from the UDO stage to the "accounts payable" (AP) stage in the WebMRE system.

e. Receipt Processing. The activity receives the item and forwards a receipt confirmation DD Form 250 (Materiel Inspection and Receiving Report) or DD Form 1155 (Order For Supplies or Services) to the USAMMA within 5 business days of

receipt. For BLIC "MB" requisitions, a receiving report (DD Form 250 or DD Form 1155) must also be submitted to:

U.S. Army Engineering Support Center
P.O. Box 1600
Huntsville AL 35807-4301

The activity also posts the receipt to its property accounting records.

f. Shipment/Billing. Based upon shipment information, the supply center has used funds from its stock fund to pay the supplier (nonstandard and nonstocked items only) for direct delivery to the activity. The wholesale supply source in turn forwards a bill (called an Interfund Transfer [IFT]) to the USAMMA for reimbursement.

g. Funds Disbursement. The USAMMA receives the IFT and makes a disbursement of MEDCASE/SuperCEEP funds to the wholesale stock fund. This obligation moves from the accounts payable stage to the disbursement stage and this "liquidates" the obligation.

6-4. WHOLESALE SUPPLY SOURCE ACTIONS

a. Status. The wholesale supply system transmits status in MILSTRIP format to the USAMMA. MILSTRIP status will normally occur in the following sequence:

Non-standard/non-stocked items:

1st status (AE1 card)	BD	Requisition has been received by the wholesale supply source and is under review.
2nd status (AE1 card)	BZ	Requisition is delayed in contracting. Upon contract award, additional status will be provided.
3rd status (AE1 card)	BV	Item has been contracted for shipment to the requisitioner. An AB card will also be provided which indicates the contract number.
4th status (AS1 card)		Shipment Status.

b. Request for Additional Information.

(1) Occasionally, a wholesale supply source will require additional information (such as clarification of specifications, accessories, or color) from a customer before it can complete procurement action. When this happens, the wholesale supply source will notify the customer requesting the information. An information copy of the request is to be provided to the USAMMA by the supply center.

(2) The customer must reply to the wholesale supply source within the suspense date established. Normally there is a 21-day suspense. If the activity does not meet the suspense, the supply center will reject (C status) the requisition and it

will have to be resubmitted. Supply center rejections and cancellations deobligate funds.

(3) Activities **must** provide an information copy of all correspondence sent to a wholesale supply source to the:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

c. Only the USAMMA may certify additional funds. If a customer receives a request for additional funds, the request must be referred to the USAMMA.

d. Procurement lead times for nonstandard, nonstocked items are generally established by the dollar value, as well as the technical complexity of the requirement. As a guide, the following timeframes provide a rough estimate of procurement lead times for DSCP.

(1) $100,000 to $500,000: 120 days.

(2) Award over $500,000: 150-180 days.

(3) Requisitions that require synopsis: add 30 days to the above estimates.

e. When a requisition is rejected or canceled in error by a wholesale supply source, the USAMMA will attempt to resubmit the requisition. Because supply centers will not accept the same document number, the USAMMA will either assign a new document serial number using an alpha character in the serial number field (i.e., W74MYG-6185-0013 would be resubmitted as W74MYG-6185-**A**013) or assign a new document number using document serial numbers which are reserved for the USAMMA (8550-8999). When this occurs, the USAMMA will notify the customer so that the document register and due-in records may be adjusted accordingly.

6-5. SHIPMENT OF MEDCASE/SUPERCEEP ITEMS

a. CONUS Activities. CONUS activities will receive shipment from vendors by commercial carriers and freight forwarders.

b. OCONUS Activities. When USAMMA processes a customer's requisition, the "ship to" address of the Consolidated Containerization Point (CCP) at either Defense Depot Tracy (for the Pacific) or Defense Depot Mechanicsburg (for Europe) is entered on the requisition.

(1) Military air transport may be used for OCONUS shipment. Special requests for military air transport require the activity to provide a local transportation fund citation.

(2) Surface shipment will be used for items with high volume or weight.

(3) In some cases, suppliers may ship smaller, low-dollar value items directly to the requisitioner via parcel post.

c. Commercial Air. Commercial air shipment is used only in emergency situations. MEDCASE/SuperCEEP funds cannot be used to pay for commercial air shipment; therefore, in cases where commercial air is requested, the activity will be required to provide a local transportation fund citation.

6-6. MANAGEMENT OF REQUISITIONS

a. Submission of Requisitions. Activities must ensure that their requisitions are received by the USAMMA. All requisitions must be posted to the Property Book Officer's (PBO) nonexpendable document register and a due-in established in DMLSS property records. Requisitions that have been submitted by the activity, but do not appear in the WebMRE system should be followed-up telephonically to the USAMMA.

b. Priority Modifications. Requests for priority upgrade should be submitted by AM card to the supply center by Defense Messaging Service (DMS).

c. Overdue Shipment. Tracer action should be initiated for overdue shipments through the local transportation office in accordance with MILSTAMP procedures. A shipment should be considered overdue if it has not been received within 90 days of the ship date as reflected on the AS card.

6-7. RECEIPT PROCESSING

a. Equipment Receipt. The MEDCASE/SuperCEEP manager, the PBO, and the biomedical equipment maintenance activity must establish a coordinated procedure for the receipt of equipment acquired through the MEDCASE/SuperCEEP program.

b. Property Accountability. Accountability for equipment acquired through the MEDCASE/SuperCEEP program will be established at the time the equipment is received by the activity. This specifically includes "uninstalled" equipment that is awaiting installation or the completion of site preparation. If necessary, uninstalled equipment may be accounted for on a separate hand receipt. Maintenance information can be loaded into DMLSS after the completion of installation. The "date-in-service" should be adjusted, as necessary, to reflect the date when installation is completed.

c. Acceptance Inspection. Equipment should be inventoried and inspected for visible damage as soon after receipt as possible. Damage and/or missing items or components should be reported by submission of a Report of Discrepancy (ROD) in accordance with AR 735-11 Uniform Settlement of Military Freight Loss and Damage Claims) and AR 735-11-2 (Reporting of Item and Packaging Discrepancies). Acceptance should not be delayed until operational testing is possible as long as the equipment is complete and apparently undamaged. Operational deficiencies should be corrected through enforcement of the warranty.

d. Receiving Report. Receipt of equipment must be reported to the USAMMA by immediate submission of a DD Form 250 or DD Form 1155 within 5 business days of receipt.

e. Acceptance Test. Upon completion of installation, the vendor is required to notify DSCP contracting office, in writing that the system is ready for acceptance

inspection. The inspection must occur within 30 working days following the DSCP receipt of the notification. Initial or first-time inspection costs are at government expense, any and all re-inspections are paid for by the vendor. See Appendix E for more detailed information.

CHAPTER 7. LOCAL PURCHASE AND LETTERS OF AUTHORITY (LOA)

7-1. INTRODUCTION

a. General. The local purchase of approved MEDCASE/SuperCEEP requirements is accomplished through the application of MEDCASE/SuperCEEP funds to a local purchase request. The purchase request is forwarded by the activity to its supporting Purchasing and Contracting activity. An electronic LOA provides the MEDCASE/SuperCEEP funds from the USAMMA to the activity.

b. Local Purchase. Both CONUS and OCONUS activities may use local purchase, provided that purchasing and contracting support is available.

c. Local Purchase of Equipment. Local purchase is used for the following types of equipment:

(1) Nonstandard equipment.

(2) Standard, nonstocked items (AAC other than “D,” or “H”).

d. Local Purchase of Equipment Not Authorized. Local purchase may not be used for the following types of equipment:

(1) Standard, stocked (AAC “D,” or “H”), or centrally procured items.

(2) Diagnostic imaging systems.

(3) Radiation therapy systems.

Note: Exceptions must be requested through the U.S. Army Medical Materiel Agency, ATTN: MCMR-MMO-AT, 1423 Sultan Drive, Suite 100, Fort Detrick MD 21702-5001.

7-2. OVERVIEW OF THE LOCAL PROCUREMENT PROCESS

The following is a brief description of the steps involved in a local purchase process:

a. Excess Assets. Before requesting an LOA, check for available excess assets that could meet the requirement.

b. Local Purchase Documents. Activities must prepare the necessary local purchase documents (e.g., DA Form 3953) prior to requesting the LOA to ensure there is no delay in processing the requirement when the LOA is received.

c. LOA. Once the LOA is requested from the activity, the USAMMA will provide the electronic LOA. The LOA commits funds for a specified period of time, usually 120 days, for the purchase of the ACN specified on the LOA. Appendix C shows examples and explains the LOA and an amended LOA.

d. LOA Processing. The activity receives the LOA and certifies funds availability on the DA Form 3953, then forwards it to the supporting procurement

office for action. It is not necessary to provide the contracting office a copy of the LOA.

e. Purchasing and Contracting. Purchasing and Contracting places an order and awards a contract. A copy of this contract is provided to the MEDCASE/ SuperCEEP manager at the Activity.

f. Activity MEDCASE/SUPERCEEP Manager. The activity MEDCASE/SuperCEEP manager annotates the LOA with a document number and returns the LOA with a copy of the contract to the USAMMA.

g. The USAMMA. The USAMMA receives the LOA and contract from the activity and posts the obligation in the WebMRE system and the accounting system.

h. Receiving Reports. The activity receives the item from the supplier and forwards a receiving report to the paying office indicated on the contract. Local DMLSS records are updated with the receipt.

i. Receipt Processing. Upon receipt of the receiving report, the paying office will verify receipt against their copy of the contract and pay the supplier when the bill (invoice) is received. Receiving reports must be submitted in a timely manner so the paying office can take advantage of prompt payment discounts. Failure to submit a receiving report in a timely manner usually results in the payment of interest and penalties and will be charged to the operating funds of the receiving activity.

7-3. LOA MANAGEMENT

a. Funding Authority. The LOA grants authority to cite MEDCASE/SuperCEEP program funds and incur obligations for equipment by local purchase.

(1) The electronic LOA certifies the availability of MEDCASE/SuperCEEP funds for the local procurement of the specific requirement(s) listed by ACN on the LOA. The issue of an LOA constitutes a commitment of MEDCASE/SuperCEEP funds.

(2) Obligations (contract awards) shall not exceed the amount specified on the LOA without the prior written approval of the USAMMA. The funding authority is valid until the expiration date indicated on the LOA.

(3) Funds cited on an LOA will be used only for items that are eligible for funding through the MEDCASE/SuperCEEP program. This is limited to MEDCASE/SuperCEEP-eligible equipment, components and/or accessories, and the installation thereof. MEDCASE/SuperCEEP funds are specifically excluded from the funding of site preparation or first destination transportation charges. **Note**: First destination transportation charges that are included in the contract line for the equipment, i.e., Freight On Board [FOB] destination, may be eligible (see chapter 15).

(4) Individual LOAs are issued for single requirements; however, USAMMA may list multiple ACNs on a single LOA provided that the requirements are identical (i.e., the IDCs and standard item descriptions are the same).

(5) Brand name references that may be included in the nomenclature of the requirement do not constitute endorsement or authority for acquisition under less-than-full-and-open competition.

b. LOA Requests. LOAs for approved (1A) requirements may be requested at any time provided that the STCPC has approved the requirement for funding. LOAs are requested by activities via letter or message addressed to the USAMMA, ATTN: MCMR-MMO-AT. Multiple LOAs may be requested on a single message or letter. LOA requests must contain, as a minimum, the following information:

- o ACN
- o Dollar amount
- o BLIC (MEDCASE)

c. LOA Suspense. LOAs are issued for specific periods of time. Each activity is responsible for maintaining a suspense file of 'working" LOAs to ensure that local purchase action is completed before the LOA expiration date. Contracts cannot be awarded using funds cited on an expired LOA. LOAs are issued for an initial period of 120 days.

d. Extension of LOA. When an activity determines that a contract award cannot be made prior to the expiration of an LOA, an extension from the USAMMA may be requested. In such cases, the activity should try to determine as closely as possible how much additional time is required.

(1) Requests for LOA extensions may be made by letter or email. Extensions should be requested at least two weeks prior to the expiration of the LOA.

(2) Extensions will be provided electronically by the USAMMA in the form of an LOA amendment.

(3) LOA extensions will normally be granted in 30-day increments. Normally only two 30-day extensions will be granted. Activities may request an extension exception for more than 30 days if it is known that a longer period will be required to award a contract. Request for extensions in excess of 30 days must provide the current status of the procurement action, the estimated award date, and an explanation of why 150 days is not sufficient to make an award.

e. LOA Price Increases. In cases where the contract award price will exceed the funds cited on the LOA, the station must request an LOA increase from the USAMMA.

(1) The USAMMA will evaluate each request for an LOA increase based on the original value of the requirement, age of the price estimate, amount of the increase, and any other factors provided by the requesting activity. Price increases that do not appear excessive will normally be issued without further justification. For price increases that appear excessive, the USAMMA may require further justification to ensure that the item being procured is, indeed, the item that was originally approved. Cases that cannot be resolved by the funds certification officer will be passed to the appropriate consultant for resolution.

(2) LOA increases may be requested by mail or email. An LOA increase may be requested at the same time of an extension, if applicable. LOA increases

should be requested only when the actual contract price is known. This will eliminate the need for multiple LOA amendments.

(3) LOA increases will be released by the USAMMA only if there are sufficient funds. If there are not sufficient funds available, the activity must reevaluate their requirement.

(4) LOA increases will be issued in the form of an LOA amendment.

f. LOA Amendments. LOA amendments are issued electronically. A single LOA amendment may contain both an extension and a price adjustment. The USAMMA may issue a maximum of four LOA amendments. If an additional extension or price adjustment is needed after the fourth amendment, the activity must return the LOA (with amendments) to the USAMMA and a new LOA will be issued. The USAMMA will not reissue an LOA until it has received the initial LOA.

7-4. BASIC PROCEDURES FOR LOCAL PURCHASE

a. Actions Upon Receipt of an LOA. Upon receipt of the LOA by the activity, the MEDCASE/SuperCEEP manager should:

(1) Ensure the LOA is administratively correct, e.g., it has the correct ACN(s), funds cite, dollar amount, expiration date, activity name, etc.

(2) Enter the fund citation provided on the LOA onto the DA Form 3953. Ensure the DA Form 3953 is complete and accurate and include attachments, such as essential characteristics or procurement specifications. The requirement should be clearly defined as to accessories, shipping instructions, installation requirements, and warranty requirements.

(3) Ensure that **only** the requirements identified by the ACN(s) listed on the LOA are purchased. The purchase of any other equipment with an LOA is not authorized.

b. Certification of MEDCASE/SUPERCEEP Funds. LOAs issued by the USAMMA provide the using activity with the authority to certify the availability of MEDCASE/SuperCEEP funds to the supporting purchasing and contracting activity.

(1) The activity certifies the availability of MEDCASE/SuperCEEP funds to the purchasing and contracting activity by the signature of an individual designated by the activity commander on the DA Form 3953. The individual(s) designated by the commander are normally the Chief of Logistics, the Chief of Property Management, and/or the MEDCASE/SuperCEEP Manager.

(2) DD Form 577 (Signature Cards) for the persons appointed by the commander to certify the availability of MEDCASE/SuperCEEP funds should be kept on file at the procurement activity and the supporting finance and accounting office.

(3) There is no requirement to provide a copy of the LOA to the purchasing and contracting office.

c. Contract Information Posting. Upon contract award, the activity must post the obligation to DMLSS and to the appropriate lines on the LOA.

(1) Copies of all LOAs and contracts awarded against a LOA must be forwarded to the

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

as early as possible after the award to ensure timely posting of the obligation to the WebMRE and accounting systems. This will usually be well before the equipment is actually received. This includes partial awards. Upon completion of all procurement actions authorized by an LOA, the LOA and copies of all obligation documents not already provided to the USAMMA must be forwarded to the USAMMA by the activity.

(2) Activities will establish a suspense file for LOAs and contracts that have been returned to the USAMMA to ensure that the obligations have been properly posted. Obligations not posted within a reasonable period (taking into account mail time), as well as obligations that have been posted erroneously should be reported to the USAMMA.

(3) Local purchase contracts, purchase orders, or delivery orders, except those administered by the Defense Contract Management Command, must identify the appropriate Defense Finance and Account Service (DFAS) payment office. Prior to August 2006, annotate DFAS, San Antonio at:

DFAS-SA/FPA
500 McCullough Ave
San Antonio TX 78215-2100

After August 2006, annotate DFAS, Rome at:

DFAS-ROME
325 Brooks Rd
Rome NY 13441-4527

Note: If there is a time or location change to the information stated above, the USAMMA will immediately notify your MEDCASE/SuperCEEP Manager.

d. Receipt Processing. A receiving report shall be prepared within 5 business days of equipment receipt IAW the Prompt Payment Act and forwarded to the appropriate paying office. Receiving reports for locally procured items are documented on a DD Form 250, DD Form 1155, or via Wide Area Work Flow.

(1) Receiving reports must reflect the line number of the contract, purchase order, or delivery order of the item(s) received, as well as the complete accounting classification and LOA number as shown on the obligation document.

(2) After receipt of the item(s), copies of the receiving report will be forwarded to the USAMMA within 10 working days. This includes receiving reports for partial receipts.

CHAPTER 8. ALTERNATE ACQUISITION ACTIVITY

8-1. INTRODUCTION

An alternate DOD acquisition may be used when appropriate. Non-DOD acquisition sources, such as the Department of Veteran's Affairs are no longer viable sources. The authority to use an alternate acquisition activity resides with the USAMMA. The proper instrument to use in this case is a DD Form 448 (Military Interdepartmental Purchase Request [MIPR]).

8-2. OVERVIEW OF THE MIPR PROCESS

The MIPR is used to procure items that cannot be purchased through the local Purchasing and Contracting agency or the DLA supply system. In most cases, the suggested source has a contract in place and delivery orders will be awarded against the main contract. The MIPR will be posted to the WebMRE system as a LOA.

8-3. MIPR REQUESTS

A request for a MIPR for a TSG approved (1A) requirement may be submitted to the USAMMA. MIPR requests must contain, as a minimum, the following information:

a. DD Form 1348-6 to include source of Supply with complete mailing address, FAX number, POC, and phone number.

b. All procurement information required for the purchase.

8-4. TYPES OF MIPRS

The MIPR type will be determined by how the Source of Supply accepts the MEDCASE/SuperCEEP funds. All MEDCASE/SuperCEEP MIPRs must be accepted in block 6 of the DD Form 448-2 (Acceptance of MIPR) as either a, b, or c.

ACCEPTANCE OF MIPR

1. TO *(Requiring Activity Address) (Include ZIP Code)*	2. MIPR NUMBER	3. AMENDMENT NO.
	4. DATE *(MIPR Signature Date)*	5. AMOUNT *(As Listed on the MIPR)*

6. The MIPR identified above is accepted and the items requested will be provided as follows: *(Check as Applicable)*

a. ☐ ALL ITEMS WILL BE PROVIDED THROUGH REIMBURSEMENT *(Category I)*
b. ☐ ALL ITEMS WILL BE PROCURED BY THE DIRECT CITATION OF FUNDS *(Category II)*
c. ☐ ITEMS WILL BE PROVIDED BY BOTH CATEGORY I AND CATEGORY II AS INDICATED BELOW
d. ☐ THIS ACCEPTANCE, FOR CATEGORY I ITEMS, IS QUALIFIED BECAUSE OF ANTICIPATED CONTINGENCIES AS TO FINAL PRICE. CHANGES IN THIS ACCEPTANCE FIGURE WILL BE FURNISHED PERIODICALLY UPON DETERMINATION OF DEFINITIZED PRICES, BUT PRIOR TO SUBMISSION OF BILLINGS.

7. ☐ MIPR ITEM NUMBER IS IDENTIFIED IN BLOCK 13. "REMARKS" IS NOT ACCEPTED IS REJECTED FOR THE REASONS INDICATED.

8. TO BE PROVIDED THROUGH REIMBURSEMENT CATEGORY I			9. TO BE PROCURED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. *a*	QUANTITY *b*	ESTIMATED PRICE *c*	ITEM NO. *a*	QUANTITY *b*	ESTIMATED PRICE *c*
d. TOTAL ESTIMATED PRICE			*d.* TOTAL ESTIMATED PRICE		

10. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS	11. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS

12. FUNDS DATA *(Check if Applicable)*

a. ☐ ADDITIONAL FUNDS IN THE AMOUNT OF $_____ ARE REQUIRED *(See Justification in Block 13)*
b. ☐ FUNDS IN THE AMOUNT OF $_____ ARE NOT REQUIRED AND MAY BE WITHDRAWN

13. REMARKS

14. ACCEPTING ACTIVITY *(Complete Address)*	15. TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL	
	16. SIGNATURE	17. DATE

DD FORM 448-2, JUL 71 PREVIOUS EDITION WILL BE USED UNTIL EXHAUSTED. USAPPC V4.00

a. Block a, (Category I). All items will be provided through reimbursement. All reimbursable MIPRs are considered as an obligation of MEDCASE/SuperCEEP funds when the acceptance form is received at the USAMMA (see DD Form 448-2).

b. Block b, (Category II). All items will be procured by the direct citation of funds. All MIPRs accepted by the Source of Supply as a direct cite MIPR will be considered as a commitment of MEDCASE/SuperCEEP funds. When the delivery order is awarded and received at the USAMMA, the information will be posted to the WebMRE system as an obligation (see DD Form 448-2).

c. Block c. Items will be provided by both Category I and Category II. MEDCASE/SuperCEEP funds can be accepted as both direct cite and reimbursable. When this happens, each of the dollar amounts is posted accordingly in the WebMRE (see DD Form 448-2).

CHAPTER 9. PROCESSING OF URGENT AND EMERGENCY MEDCASE/SUPERCEEP REQUIREMENTS

9-1. INTRODUCTION

a. Program Management. A properly managed MEDCASE/SuperCEEP program at the activity includes a clear and well-distributed Standard Operating Procedure (SOP). This SOP shall explain how to use the MEDCASE/SuperCEEP program to acquire equipment. Nonetheless, instances will arise where routine requirement approval procedures will not be able to respond in a timely manner.

b. Urgent Requirements. Urgent requirements are those that must be both approved and executed during the current execution year. Urgent requirements must be mission essential and required to meet the mission in the current fiscal year. Urgent submissions are **not** a method to cover a lack of prior equipment planning or an attempt to secure funding for an unfunded item.

c. Emergency Requirements. A true emergency situation is rare and involves requirements that are required to save a life, prevent suffering, distress, or loss of faculty or limb.

9-2. URGENT MEDCASE/SUPERCEEP REQUIREMENTS

a. General. Unless otherwise indicated, urgent requirements are processed for approval in the same manner as routine MEDCASE/SuperCEEP program requirements. MEDCASE/SuperCEEP requirements, which are considered to be urgent, should be clearly labeled as such on the top margin of the DA Form 5027-R and should contain the FY of the current execution year in the ACN.

b. Urgent or Emergency Documentation. When an activity has an urgent or emergency MEDCASE/SuperCEEP requirement, they are required to submit a memorandum that addresses the questions below. In addition, if the requirement is for a non-TARA item, a Total Case Analysis must be prepared and submitted. The format is provided in Appendix F. Previously established requirements must address questions 2-4.

(1) Why was the requirement not identified in the MEDCASE/ SuperCEEP program earlier?

(2) Why is the requirement urgent or an emergency?

(3) Why can't the requirement wait for midyear review or funding next fiscal year?

(4) What is the impact on the mission if this requirement is not funded?

c. Routing. The activity is required to send the memorandum with endorsement from the activity Commander to the RMC Commander. Subsequently, the RMC will forward the memorandum with endorsement from their Commander to the USAMEDCOM. When packet is forwarded to the RMC, a duplicate packet should also be sent to the USAMMA to begin the OTSG Consultant or TARA review process.

Requests for funding are not to be sent through or to the USAMMA. Funding requests go to the USAMEDCOM.

d. Execution. Urgent requirements must be approved and funding allocated by the STCPC before they can be executed. Once approved and funded, the requirement will either be processed using an LOA or a requisition as requested by the activity.

CHAPTER 10. THE WEB MEDCASE REQUIREMENTS AND EXECUTION (WEBMRE) SYSTEM

10-1. INTRODUCTION

The previous chapters dealt with the development, approval and execution of MEDCASE/SuperCEEP requirements. This chapter deals with the centralized automated system, which controls all parts of the MEDCASE/SuperCEEP program. The WebMRE system is the automated system that provides information and data for the management and control of the program. The WebMRE is accessible via the web (https://usamma-extranet.detrick.army.mil/MRE/). Only the following people have access to the WebMRE: Activity MEDCASE Managers, Regional MEDCASE Managers, USAMMA MEDCASE manager, USAMMA TARA team, and USAMEDCOM MEDCASE Manager.

10-2. THE WEBMRE/THEATER ENTERPRISE WIDE LOGISTICS SYSTEM (TEWLS)

The WebMRE System along with USAMMA's TEWLS controls all parts of the MEDCASE/SuperCEEP program above the station level. It is designed to assist in the management of the program and provide detailed information on requirements, execution and financial functions.

a. Capabilities. The WebMRE system provides:

Tracking of approval and execution actions for requirements.

Automated issue and management of LOAs.

An interface with DMLSS to improve property accountability.

The USAMMA TEWLS and STANFINS systems provide:

Automated accounting for DHP.

Automated funds control on all supply and billing actions to preclude over-obligations.

An interface with MILSTRIP systems to improve supply management.

b. System Operation.

(1) The WebMRE interfaces with the USAMMA TEWLS system by sending data from the WebMRE to the TEWLS system when requirements are executed.

(2) The WebMRE system operates according to policies specified by the USAMEDCOM and the USAMMA.

10-3. WEBMRE ACCESS FORM

Information for obtaining access to the WebMRE is provided in Appendix G.

10-4. RECOMMENDING CHANGES TO THE WEBMRE SYSTEM

Suggested improvements to the WebMRE system should be made in writing. Letters or emails should be forwarded through command channels to the:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AA
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001
or
medcasemgr@amedd.army.mil

The recommended change should be described in detail providing flow charts or example formats where necessary. The USAMMA will provide a written response to all recommended changes indicating either the rationale for disapproval or an intended implementation date.

CHAPTER 11. MEDICAL MILCON PROJECTS (BLIC "NF" AND "MB" REQUIREMENTS)

11-1. INTRODUCTION

This chapter provides an overview of the events and responsibilities associated with a medical MILCON project. MEDCASE requirements must meet the eligibility threshold of $250,000 (unit price) under DHP Procurement funding. Items qualifying for MEDCASE BLIC “NF” are, in most cases, those major equipment items that are not funded with MILCON funds. Specific responsibilities and procedures related to the identification and initiation of MEDCASE requirements associated with medical MILCON projects are provided in chapter 3.

11-2. OVERVIEW OF A MEDICAL MILCON PROJECT

a. Authority. The U.S. Congress approves medical MILCON projects. Congressional approval is based upon the description of the project submitted to Congress on a DD Form 1391 (Military Construction Project Data). This form is prepared by the installation Directorate of Public Works, with major input from the USAHFPA. The approved construction project is statutorily limited to the work described on the DD Form 1391.

b. Project Design. There are six submittal and design reviews associated with the development of a project, beginning with concept design drawings and leading to final drawings at the Sixth Submittal (S6) design stage. Design reviews are held during the First Submittal (S1) through (S6). Each design review results in an updated set of drawings. Beginning with the Third Submittal (S3) design stage, drawings will reflect room layouts and recommended equipment placement. As the project continues, HFPA’s Equipment Planners develop the Project Rooms Report that provides a room-by-room listing of all equipment requirements.

c. Funding.

(1) There are three types of funding associated with medical MILCON projects: BLIC “MB” and BLIC “NF” And Operations and Maintenance (O&M) Initial Outfitting Funds.

(a) Medical MILCON funds are appropriated by Congress to build or renovate a facility, and acquire certain items of installed equipment.

(b) MEDCASE funds are programmed by the USAMEDCOM to acquire the equipment. MEDCASE requirements must meet the eligibility threshold of $250,000 (unit price). Items qualifying for MEDCASE BLIC “NF” are, in most cases, those major equipment items not funded by MILCON funds, but necessary to make the new facility "complete and usable."

(c) O&M funds are programmed by the USAMEDCOM to acquire SuperCEEP and CEEP equipment (unit price less than $250,000) necessary to make the new facility "complete and usable" or constructing and equipping a facility to enable the facility to achieve the purpose for which it was constructed. For

information on requesting O&M funds for initial outfitting of new construction projects, contact the:

CDR, USAMEDCOM
ATTN: MCLO
2050 Worth Rd, Suite 8
Fort Sam Houston TX 78234-6008
Commercial telephone 210-221-7119

(2) Funds management:

(a) BLIC "MB": Corresponds to the medical MILCON funds set aside for the acquisition of certain items of installed equipment called for in the project plans. MILCON funds are managed by the Army Corps of Engineers Engineering District having oversight of the project.

(b) BLIC "NF": Corresponds to the MEDCASE funds that are programmed by the USAMEDCOM for the acquisition of investment equipment required for a new facility.

(c) DHP "O&M": Corresponds to the local operating funds programmed by the USAMEDCOM for the acquisition of SuperCEEP and CEEP equipment required for a new facility.

d. Equipment Planning. Equipment planning for a project begins when the USAHFPA uses a computer-generated planning document that lists the total equipment requirements, by room, anticipated for each project. This planning document is known as the Project Rooms Report (PRR). As the project continues, the architects develop an Equipment and Casework Schedule that supersedes the PRR. The equipment and casework schedule provides a "refined" room-by-room listing of equipment requirements.

(1) As discussed in chapter 3, the PRR is based on the final design (S6) drawings for the project. It lists the equipment requirements and equipment placement within the new facility. The activity along with the HFPO are responsible for making the necessary adjustments of the equipment listing to accurately reflect the specific needs of the facility. The equipment list is a planning document that provides a "starting point" for the identification of equipment requirements, and the initiation of MPRs. The identification and initiation of MEDCASE requirements for a project is the responsibility of the activity.

(2) The PRR is usually available to the activity prior to commencement of construction. The activity should establish a time-line for planning the critical actions that must be accomplished, to include the initiation of MEDCASE requirements.

11-3. LOGCAT CODES

a. General. LOGCAT codes are single letter designators that delineate responsibility for the acquisition and installation of the equipment required for a project. LOGCAT codes are used in the PRR and later in the project's final design drawings. LOGCAT codes are explained in Table 11-1.

TABLE 11-1. LOGISTICAL CATEGORY CODES

LOGCAT CODES	
LOGCAT "A"	Contractor Furnished and Contractor Installed (2)
LOGCAT "B"	Government Furnished and Contractor Installed (1)
LOGCAT "C"	Government Furnished and Government Installed (1)
LOGCAT "E"	Government Furnished and Contractor Installed (3)
LOGCAT "F"	Government Furnished and Government (by 2nd Source Vendor) Installed (3)
NOTES:	
(1) Typically paid for by activity's DHP O&M funds or MEDCASE BLIC "NF" (if eligible).	
(2) Paid for by major medical MILCON funds - Not MEDCASE.	
(3) Funded through the major medical MILCON-MEDCASE (BLIC "MB") Program.	

b. Funding Responsibilities.

(1) LOGCAT "A" items are provided by the construction contractor as part of the project and paid for by MILCON funds.

(2) LOGCAT "E" and "F" items are acquired through the MEDCASE program as BLIC "MB" requirements paid for by MILCON funds. LOGCAT "F" items are generally installed diagnostic imaging systems.

(3) The LOGCAT codes are identified in the PRR.

11-4. REFERENCES AND RESOURCES

The following documents are available to assist the activity in managing the equipment requirements for a facility construction/renovation project.

a. DD Form 1391. The DD Form 1391 describes the scope and provides the approval for the project. It also contains the justification for the project that was submitted to Congress. The DD Form 1391 is a useful document for activity commanders, logisticians, and MEDCASE managers.

b. Program For Design (PFD). The PFD is produced early in the planning process. The Defense Medical Facilities Office (DMFO)/Office of the Assistant Secretary of Defense for Health Affairs (OASD-HA), is responsible for programming and space planning of medical construction projects. DMFO organizes the study around the mission of the facility and the projected workload. It can also provide information (i.e., regarding mission and work load) that can be useful in preparing the justification for MPRs.

c. Final Drawings. The final drawings for a new or renovated facility will reflect room layouts and equipment placement, and will contain PRR. (**Note**: This schedule may be included within the contract specifications which accompany the final drawings.) The information in these documents is based upon the PRR.

d. PRR. The PRR is the initial Equipment Planning document. It is produced at the S-4/S-5 design stage.

e. Military Standard (MIL-STD) 1691. MIL-STD 1691 (Construction and Materiel Schedule for Military Medical and Dental Facilities), is a Tri-Services document listing equipment which is commonly reflected in the drawings for military medical construction projects. Each equipment item is referenced by a Joint Service Number (JSN), which is used to identify that item on plans and drawings. The MIL-STD also provides a short functional description of the item, indicates its utility requirements, and reflects the LOGCAT Code.

f. The HFPO Guide. This guide is published by the USAHFPA as a resource for their project officers in the field. It contains valuable information concerning the responsibilities involved in a project.

11-5. RESPONSIBILITIES DURING THE PROJECT

a. Activity Commander. The activity commander must ensure that the overall planning effort necessary to support the project and accomplish the transition to the new facility is accomplished. The commander's responsibilities include:

(1) Providing comments during the project design reviews

(2) Planning to acquire equipment and furnishings that are compatible with the scope and design of the project

(3) Appointing a project officer to serve as point of contact with USAHFPA and other agencies/activities regarding the project

(4) Creating a transition committee to manage transition issues. This minimizes the disruptions to the delivery of patient care.

b. Transition Committee. A transition committee will be established at all activities undergoing a medical MILCON project. The committee will have representation from each affected department/service, the Chief of Logistics, and other impacted/applicable areas in order to:

(1) Coordinate project review and utilization planning

(2) Coordinate equipment planning, to include decisions regarding the use or replacement of existing assets (see chapter 3)

(3) Coordinate transition and movement of equipment and services

c. Chief of Logistics. The importance of the Chief of Logistics in the planning process cannot be overstated. In many, if not most, cases the equipment planning for a new facility must begin before an HFPO is assigned. The Chief of Logistics must ensure programs for the project are established, and that requirements are identified in a timely manner. Logistics responsibilities include:

(1) Advising the transition committee and the commander of the actions that must be accomplished to support the project

(2) Assisting in the identification of requirements by coordinating the Equipment and Casework Schedule with the using services

(3) Coordinating the review and amendment, as appropriate, of the equipment and casework schedule when it is received

d. HFPO. The HFPO is the individual assigned to a construction project for the expressed purpose of fulfilling USAHFPA's project responsibilities and to represent the AMEDD during a medical MILCON project. The HFPO is assigned to the USAHFPA, with duty at the construction site. The HFPO is:

(1) The primary POC between the activity, the USAHFPA, the Engineer District responsible for the project, and the construction contractor.

(2) Responsible for notifying the Chief of Logistics of the equipment delivery dates required to meet construction contract schedules, and for coordinating the turnover of government-furnished/contractor-installed equipment (LOGCATs "B" and "E") to the contractor.

(3) Responsible for contacting the USAMMA at the start of any renewal or new construction project in order to properly understand the activities MEDCASE requirements and to request TARA support. This will assist in the generation of all diagnostic imaging and radiation therapy equipment MEDCASE requirements. By doing this up front and early, time and money will be saved and the MILCON MEDCASE requirements will be front-loaded into the WebMRE. Thus, no MEDCASE packages will be required.

CHAPTER 12. DIAGNOSTIC IMAGING AND RADIATION THERAPY REQUIREMENTS

12-1. INTRODUCTION

This chapter describes the additional steps and considerations that must be made in order to successfully plan for the acquisition, installation and acceptance of diagnostic imaging and radiation therapy requirements.

12-2. SCOPE

a. Diagnostic Imaging Equipment. This includes any item or equipment which uses electromagnetic waves (either ionizing or non-ionizing radiation) or ultrasonic waves to produce a diagnostic image of a patient, or any item that incorporates such an imaging modality within its function. Examples include:

(1) Diagnostic x-ray (radiographic and fluoroscopic systems), fixed and mobile

(2) Diagnostic ultrasound scanners

(3) Gamma cameras and associated image processing computers [including Single Photon Emission Computed Tomography (SPECT) and Molecular Coincidence Detection]

(4) Magnetic Resonance Imaging (MRI) systems

(5) Computed Tomography (CT) scanners

(6) Positron Emission Tomography (PET) systems

b. Radiation Therapy Equipment. Radiation therapy equipment includes equipment that uses ionizing or non-ionizing radiation, or electro-magnetic wave emission as part of a direct therapeutic treatment to a patient. Examples include:

(1) Cobalt therapy systems

(2) Linear accelerators

(3) Stereotactic Radiosurgery or “Gamma Knife” systems

(4) Radiation therapy simulators

(5) Therapy planning computers

12-3. DIAGNOSTIC IMAGING AND RADIATION THERAPY REQUIREMENTS

a. All MEDCASE/SuperCEEP Program requirements for diagnostic imaging and radiation therapy equipment $100,000 and greater, regardless of BLIC, are centrally managed by the USAMEDCOM. This ensures consistency of application and compliance with Army Medical Department strategic plans.

b. TARA Review. The USAMMA Materiel Acquisition Directorate is responsible for technical review and approval of all diagnostic imaging and radiation therapy equipment requirements $100,000 and greater, regardless of BLIC. The USAMMA will return disapproved requirements to the requesting facility for further justification or clarification.

c. TARA Visits. If your facility has not had a TARA visit within the last four years, contact the TARA team before submitting any diagnostic imaging or radiation therapy requirements. This simplifies the approval process and avoids any unnecessary delays in processing the requirements.

12-4. SPECIAL REQUIREMENTS FOR SUBMISSION AND APPROVAL (ROUTINE)

a. MEDCASE/SuperCEEP requirements for diagnostic imaging and radiation therapy equipment are identified, initiated, and submitted for approval in the same manner as other MEDCASE/SuperCEEP Program requirements. Certain additional documentation, coordination, and review, as described below, may be required. A chart that summarizes review criteria for diagnostic imaging, radiation therapy, and associated equipment is provided at Appendix E.

b. Neither the USAMMA nor the USAMEDCOM require you to submit a Pre-Acquisition Site Survey (PASS) or Facilities Survey Report (FSR) document along with the DA Forms 5027-R/5028-R for the approval process. However, your RMC/MSC may require the PASS/FSR for internal decision making matters such as lead shielding and site preparation costs.

c. Review by Local Chief of Radiology.

(1) All MEDCASE/SuperCEEP requirements for diagnostic imaging equipment must contain documentation of review and concurrence or comment by the activity chief of radiology. This specifically includes all types of imaging systems described in this chapter.

(2) The signature and typed name of the Chief, Department of Radiology is required on the DA Form 5027-R.

12-5. EXECUTION AND ACQUISITION SOURCE

a. Funding. Once a diagnostic imaging or radiation therapy requirement has received "1A" approval, it is eligible for execution. Funding will be accomplished in accordance with command policy and this SB.

b. Acquisition Sources. The DSCP is the primary source for all diagnostic x-ray equipment.

c. Exception to Policy. In accordance with AR 40-61, activities may request an exception to policy in order to locally procure or have an alternate acquisition source procure a diagnostic imaging or radiation therapy system.

(1) The USAMMA, ATTN: MMO-AT, Fort Detrick, MD, is the approving authority. Request for exception to policy must be forwarded by memorandum through command channels to the:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

(2) Requests should cite the availability of local or alternate acquisition source purchasing and contracting support to accomplish the acquisition and a brief justification for the exception.

12-6. EXTENDED INSTALLATION

Extended installation is an acquisition strategy whereby a single vendor is awarded a contract to supply and install a safe functional system. It requires the manufacturer to interface their equipment to the existing room and utilities. This strategy includes as a minimum, connecting with existing utilities and furnishing and installing support structures for the equipment. Cosmetic work will not be included in the scope of work or contract and will be the responsibility of the customer.

a. Extended installation is currently being offered by DSCP. Activities that desire extended installation must budget and ensure availability of MEDCASE/ SuperCEEP DHP funds to accommodate the limited site preparation portion of the project. The request must be annotated on the DD form 1348-6. Eligibility for extended installation will be evaluated on a case-by-case basis by the USAMMA upon receipt of a requisition. General guidelines and typical systems that may be satisfied with extended installation are:

(1) All DOD universal x-ray rooms

(2) Cardiac catheterization systems

(3) Special procedures systems

(4) Radiographic/fluoroscopic systems (limited)

(5) CT scanners

(6) Radiographic systems (case-by-case basis only)

(7) Replacement system must be similar to existing system

b. The requesting activity shall provide the following information with their requisition:

(1) Point of contact with commercial and DSN phone numbers

(2) Five sets of single-line room drawings showing existing utilities and equipment layout and proposed layout

(3) Preliminary work statement of what is required

12-7. AWARD AND ACCEPTANCE

a. Contract Award by DSCP. Once a contract for a diagnostic imaging system has been awarded by DSCP, both the customer and the contractor are advised of specific responsibilities. The principal responsibilities and actions required following award is:

(1) Site Visit. Within 30 days of contract award for a diagnostic imaging system, the contractor is required to visit the receiving activity to survey electrical power and other identified site preparation requirements. The contractor is required to provide complete equipment layout plans for the system, as well as room preparation drawings and instructions.

(2) Activity Action. The activity is responsible for using the plans and drawings provided by the contractor to initiate action for accomplishing site preparation.

(3) Required Delivery Date (RDD). The contract will identify the RDD for the system. Sixty days prior to that date, the activity is required to review site readiness to determine if delivery and installation can continue on schedule. If delivery must be delayed due to problems with site preparation, or other unanticipated problems, the activity must immediately contact DSCP by telephone DSN 444-2896, or commercial 215-737-2896, to advise them of the problem. **Note**: Storage costs charged by the vendor due to customer-initiated delays must be borne by the activity and **cannot** be financed with MEDCASE/SuperCEEP funds.

(4) Contract Problems. The activity should immediately notify the USAMMA if it is suspected or known that the vendor is not fulfilling his/her responsibilities under the provisions of the contract.

b. X-ray Acceptance. Upon completion of installation, the vendor must notify DSCP in writing, that the system is ready for acceptance inspection. X-ray acceptance inspection is performed at government expense by technicians from one of the Medical Equipment Repair Activities assigned to the USAMMA, or by medical maintainers assigned to the local organization. If the system fails acceptance inspection, a portion of the total payment is withheld until the contractor effects appropriate corrective actions. A detailed explanation of x-ray acceptance procedures is provided in Appendix E.

c. Warranty. Diagnostic imaging systems acquired by the DSCP include a one-year warranty against defective material, workmanship and performance. Any extension of the warranty period must be funded by the activity their DHP operating funds.

d. Local Procurement. If the exception to policy was granted for local procurement, then the acceptance of diagnostic x-ray systems acquired through local procurement is the responsibility of the activity and must be accomplished in accordance with the protocol established by the contracting officer. Commands may require submission of acceptance reports and the creation and maintenance of acceptance documentation. Activities that do not have the qualified personnel or necessary equipment to perform an acceptance inspection may request support through command channels to the:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

12-8. SPECIAL PROCEDURES

a. Factory Refurbishment. Requests for removal, factory refurbishment, and reinstallation of LOGCAT "F" equipment must also be submitted for approval on DA Forms 5027-R/5028-R. Maintenance records of the actual equipment to be refurbished must be provided.

b. Universal Room. LOGCAT "F" requirements that are to be installed into the USAHFPA approved “Universal Room” do not require individual site surveys.

CHAPTER 13. ADMINISTRATIVE AND INFORMATION MANAGEMENT

13-1. INTRODUCTION

a. General. Operating a medical treatment facility requires much more than just medical supplies and equipment. Many administrative items of equipment are essential. Since a great number of administrative items are common requirements throughout all organizations in the Army, central controls have been established for certain categories of equipment to optimize expenditures and encourage standardization. The number of controls has made the MEDCASE/SuperCEEP manager's job more complex.

b. Funding. Non-medical equipment that is normally managed and funded by another DA-level program, such as security equipment, may be considered for funding through the MEDCASE/SuperCEEP program. However, it must be determined that the proper program will not be able to meet an immediate mission requirement of the health care activity. The AMEDD policy regarding the funding of such equipment is provided in chapter 2. To qualify for MEDCASE funding, requirements must meet the threshold of $250,000 or greater (unit or system price). To qualify for SuperCEEP funding, requirements must be equal to or greater that $100,000 and less than $249,999 (unit or system price).

c. Evaluation. Administrative items must be carefully evaluated against the eligibility criteria. Careful evaluation is necessary for several reasons. First, it is necessary to ensure that no time is wasted due to disapprovals. Second, it is necessary to conserve MEDCASE/SuperCEEP program funds for use with MEDCASE/SuperCEEP eligible items. Finally, it is necessary to ensure application of the appropriate management controls specified in various regulations. When questions about the eligibility of specific items arise, they should be forwarded either to the USAMMA or USAMEDCOM. Responses will be provided in writing, when necessary.

d. Submission. When other-than-MEDCASE/SuperCEEP-approval channels are required, these approvals must be obtained before action code 1A (approval) can be assigned to a MEDCASE/SuperCEEP requirement. Type Classification and IMA approval are typical of the types of approvals that are required outside of MEDCASE/SuperCEEP approval channels. The originating activity is responsible for originating all documentation required to secure approval of the requirement. In general, a copy of appropriate approvals outside of the MEDCASE/SuperCEEP program must be submitted with DA Forms 5027-R/5028-R. These approvals enhance the consultant review process. When non-MEDCASE/SuperCEEP approval channels parallel the MEDCASE/SuperCEEP approval channels, both types of documentation may be submitted together, but the non-MEDCASE/SuperCEEP approval must be completed first at each level of review.

13-2. TDA APPROVAL AND TYPE CLASSIFICATION EXEMPTION

a. General. Nonmedical standard-type-classified equipment (see SB 700-20, chapter 2, [Cataloging of Supplies and Equipment, Army Adopted Items of Materiel, and List of Reportable Items]) will not be approved for acquisition until the item is

approved for the TDA. Request for standard-type-classified equipment will be submitted in accordance with AR 71-32.

b. Documentation. Memorandum requesting type-classification exemption and TDA approval will be submitted along with the DA Forms 5027-R/5028-R and other documents to the USAMMA for submission to the USAMEDCOM. The letter will contain the following information:

(1) Manufacturer's nomenclature

(2) Model number

(3) Quantity required

(4) Unit price

(5) Manufacturer's name and mailing address

(6) Manufacturer's brochure if available

(7) A statement that there is not an acceptable standard item in the supply system. (Line Item Numbers [LINs] of items considered but found unacceptable will be listed.) Refer to SB 700-20 for LINs.

(8) Applicable TDA paragraph and name of the using activity

(9) MEDCASE/SuperCEEP ACN

(10) The name and telephone number of an individual able to discuss the requirement

c. Approval. TDA authorization does not constitute eligibility for the MEDCASE/SuperCEEP program. TDA authorization merely permits acquisition of the item. The funding level requirement for the DA-level program must be determined based upon the nature of the equipment and applicable Army regulations.

13-3. INFORMATION MISSION AREA (IMA) SOFTWARE AND HARDWARE

a. General. Congressional direction, DOD, and Army guidance state the acquisition, modification, and support costs for purchase of IMA software and hardware must be funded with O&M funds if the cost is less than the expense/investment threshold of $250,000. MEDCASE and centrally managed SuperCEEP funds are used if the cost is equal to or greater than the threshold of $100,000. The only exception to this rule is the acquisition of all ADPE at Research, Development, Test and Evaluation (RDTE)-funded facilities will be financed with RDTE funds, regardless of cost.

b. Systems. The “system” concept must be considered in evaluating the acquisition of IMA end items. A system exists if a number of components are designed primarily to function within the context of a whole and will be interconnected to satisfy an approved Army requirement. Fragmented or piecemeal acquisition of the documented requirement will not be used as a basis to circumvent the “system” concept.

c. Installation. Normal installation costs will be included as part of the total IMA system cost.

d. Training. IMA training will normally be funded separately with O&M funds or RDTE, and **not** included within the cost of the total system. However, when the cost of training is included as part of the original contract and is not separately priced, it then becomes part of the total system cost and is funded with the same type of funds as the system.

e. Maintenance. Annual fees for maintenance will normally be funded separately with O&M or RDTE funds and **not** included within the cost of the total system. However, when the cost of maintenance/warranty service is not separately priced, it then becomes part of the total system cost and is funded with the same type of funds as the system.

13-4. COMMUNICATION/AUTOMATION DATA PROCESSING EQUIPMENT ACQUISITION

a. New Equipment/System Acquisition. The aggregate cost of an end item/system procured to address a valid requirement (including peripherals, installation and system unique software) will be used to determine whether it should be treated as an expense (O&M) or investment (OP) cost. Determination of what comprises an end item/system will be based on the primary function of the hardware and software to be acquired as stated in the approved requirements document.

b. An Example. The appropriate type of funds for the purchase of five stand-alone computers is determined by deciding whether the primary function of the computers is to operate as independent workstations (i.e., five systems) or as a part of a larger system. If the computers are designed to operate independently, they should be considered as separate end items and applied against the expense/ investment criteria individually. If they function as a component of a larger system, i.e., interconnected and primarily designed to operate as one, then they should be considered a system and the total cost applied against the expense/investment criteria.

c. Additional or Replacement Equipment/System. When requirements necessitate adding/replacing or modifying equipment/software that is a component or support the functioning of an existing system, only the additional equipment/ software costs (including installation) will be used to determine whether the acquisition is an expense (O&M) or an investment (OP) cost.

13-5. LOCAL AREA NETWORK (LAN) AND WIDE AREA NETWORK (WAN)

LANs and WANs are considered to be systems. As such, the total cost of all component parts must be applied against the dollar threshold to determine the appropriate color of money when the LAN or WAN is acquired as an add-on or upgrade to an existing system. If the WAN or LAN is part of the initial hardware/ software acquisition, the cost will be included as part of the total system cost.

13-6. CENTRALLY MANAGED SYSTEMS

The acquisition of any system that is centrally managed is considered an investment regardless of the amount. Systems managed by an Army-Acquisition-Executive-Chartered Program Executive Officer or Program Manager are considered centrally managed systems.

13-7. TURNKEY ACQUISITION

Acquisitions where a single or prime contractor provides a complete system (i.e., hardware, software, installation, etc.), the system may be entirely financed with procurement funds. A turnkey system is typically large and at the point of contracting, the appropriate type of funds cannot be readily determined due to the nature of the system. Therefore, it is appropriate to budget and execute the entire acquisition within MEDCASE/SuperCEEP.

13-8. TELECOMMUNICATIONS EQUIPMENT

a. Base Communications Equipment. Base communications, which includes the following, must be developed and approved through an Information Management Plan (IMP)/Project Document, DA Form 5695-R-E (Information Management Equipment/Project Document):

(1) Base radio stations (including hospital systems)

(2) Radio paging systems

(3) Outside plant television transmission facilities

(4) Telecommunications support for automation systems

b. Hospital Unique Communications Equipment. Hospital unique communications equipment is used to support the operations or mission of a medical activity and does not have a frequency assigned or have a transmission interface with a commercial telephone system. Hospital unique communications equipment that otherwise meets the eligibility criteria stated in chapter 2 of this SB, may be funded through the MEDCASE/SuperCEEP program, provided that TDA approval and type-classification exemption are first obtained. Examples of hospital-unique communications equipment include:

(1) Nurse call systems

(2) Intra-hospital intercom systems

(3) Emergency room telephone recording equipment

(4) Dictation equipment

(5) Telephone answering equipment

(6) Hospital Radio Communication (Emergency Room)

13-9. BASE LEVEL COMMERCIAL EQUIPMENT (BCE)

BCE is a budget line of the same appropriation that funds MEDCASE/SuperCEEP. The BCE program funds other activities in the Army with TDA investment equipment in a similar fashion to the way the MEDCASE/SuperCEEP Program funds medical care support equipment. AMEDD activities do not participate directly in the BCE program.

CHAPTER 14. COMPETITION IN CONTRACTING REQUIREMENTS

14-1. INTRODUCTION

a. Policy. It is Federal law and DOD, DA, and AMEDD policy that the needs of the government will be acquired through full-and-open-competition, using commercial sources to the maximum extent possible. The noncompetitive acquisition of equipment is a matter of concern and intense scrutiny. It is essential that all the following individuals involved in the acquisition of equipment be cognizant of the requirement for competitive acquisition.

(1) Requesters

(2) Logisticians

(3) MEDCASE/SuperCEEP managers

(4) Review and approval authorities at the activity

(5) Review and approval authorities at the RMCs

(6) The USAMEDCOM level

b. MEDCASE/SuperCEEP Requirements. MEDCASE/SuperCEEP requirements must be stated in terms of minimum needs using generic descriptions whenever possible. The use of brand-name descriptions to identify MEDCASE/SuperCEEP requirements shall not constitute endorsement, approval, or acquisition under less-than-full-and-open competition.

c. MEDCASE/SuperCEEP Program Executions. The acquisition of equipment through the MEDCASE/SuperCEEP program shall use competitive procedures to the maximum extent practical regardless of the acquisition source.

(1) For local procurement, activities must comply with the policies and procedures established by the supporting purchasing and contracting office to implement the CICA, see paragraph 14-2. It is essential that MEDCASE/SuperCEEP participants coordinate and work closely with the contracting officer to ensure that acquisition is not unnecessarily delayed due to a failure to comply with CICA requirements.

(2) For acquisitions through the wholesale supply system, it is especially important for the activity to provide detailed descriptive information in the most competitive form possible. The time/distance relationship between the customer, the USAMMA, and the supply source, as well as the tremendous volume of transactions handled by wholesale supply activities, complicates the resolution of problems arising from noncompetitive item descriptions. This can easily result in the cancellation or delay of the acquisition of a needed requirement.

14-2. CICA

The CICA of 1984 substantially changed the policies and the regulations concerning the acquisition of equipment by government activities. While it is not the purpose of this manual to supplement acquisition regulations, an outline of areas that have a significant impact upon the acquisition of MEDCASE/SuperCEEP items is provided as follows:

a. FAR. The FAR established acquisition policy for all branches of the Federal government. The DFARS provides more detailed guidance and implementation procedures for the DOD. The FAR and DFARS implement the CICA.

b. Exceptions to Competitive Procedures. The CICA specifies the circumstances that may permit the use of “other-than full-and-open competition” procedures for acquisition. These exceptions must be justified and approved in accordance with CICA procedures. The two most common exceptions that may apply to MEDCASE/SuperCEEP acquisitions are:

(1) When only one responsible source can provide the required equipment and no other equipment can provide the capabilities that meet the minimum essential needs. This exception requires written justification and approval prior to the award of a contract under less-than-full-and-open competition.

(2) When the equipment is required due to unusual and compelling urgency. If necessary, the written justification for this exception may be provided after the fact; however, offers must be requested from as many potential sources as possible under the circumstances.

c. Competition Advocates. The CICA established the requirement for competition advocates to review acquisitions subject to CICA and challenge those, which unnecessarily and/or unjustifiably restrict competition. A competition advocate review will add 30 to 90 days to the acquisition process.

14-3. METHODS OF DESCRIBING MEDCASE/SUPERCEEP REQUIREMENTS

a. General. The acquisition activity must provide a description of the required item. The law prescribes that requirements will be stated in terms of minimum essential needs. The degree of detail used by the activity in providing a purchase description correlates with the cost of the item. The higher the cost or importance of the features, the greater the detail which must be provided.

b. Performance Specifications. Specifications are the most detailed form of purchase description. Specifications describe in detail the minimum essential features and performance characteristics required for an item of equipment. Technical personnel who are familiar with the equipment or the requirement usually provide specifications. The specifications are further prepared by the contract specialist at the procurement activity to ensure the data is complete and thorough enough for the procurement process. Procurement specifications are drawn from the information provided by the requesting activity (for example., from the EDL are ECs), and from the specification writer's knowledge of the market.

c. Brand Name or Equal. "Brand name or equal" is a shorthand method of describing essential characteristics. When a "brand name" is used to provide

description of the basic function that must be performed, it is generally difficult for the purchasing office to determine what is "equal." Therefore, the activity must also describe the minimum essential characteristics. Brand name references on approved MEDCASE/SuperCEEP requirements do not constitute endorsement or authority for limited competition.

d. Limited Competition. Limited competition arises when an activity specifies the need for features or capabilities that restrict competition. Restrictive characteristics require written justification and must be approved by the appropriate authority. The "appropriate authority" is dependent on the cost of the item.

14-4. JUSTIFICATION FOR OTHER-THAN-FULL-AND-OPEN COMPETITION

a. Requisitions. Requisitions for MEDCASE/SuperCEEP requirements must be accompanied by written justification for acquisition under other-than-full-and-open competition, if limited competition is requested or restrictive essential characteristics or specifications are provided. This is often referred to as a CICA Justification or a Justification and Approval (J&A). The J&A must clearly address the following areas:

(1) Identify the features or specifications which limit competition and efforts made to eliminate restrictions for this and future requirements.

(2) Provide a clinical rationale for the essentialness for each feature or specification that limits competition. A clinical rationale must explain the clinical application of the restrictive essential characteristics.

(3) Identify the impact if those features or essential characteristics are not met.

b. Justification Statement. The CICA justification/J&A must include the following statement signed by the clinical/health care professional initiating the requirement:

> *"I certify that the information contained in this justification supports the government's minimum essential requirements and that the statements contained herein for other-than-full-and-open competition are accurate and complete."*

CHAPTER 15. SPECIAL MEDCASE/SUPERCEEP PROGRAM CONSIDERATIONS

15-1. INTRODUCTION

This chapter addresses specific areas that have presented problems for MEDCASE/ SuperCEEP managers and logisticians. Activities may direct questions regarding these, or any other MEDCASE/SuperCEEP problems, to their MEDCASE/SuperCEEP station manager at the USAMMA.

15-2. PRICE ESTIMATES

a. Unit and System Prices. Perhaps no other attribute of a requirement influences routine processing more than price. Unit and system prices are used to determine MEDCASE/SuperCEEP program eligibility. Items with high unit prices require extra documentation as described in chapter 3 of this Bulletin. Because of these processing considerations, unit prices must be accurate. Personnel at various review levels are particularly aware of the effect prices have on subsequent reviews and approvals. It is apparent when unit prices are inflated or deflated to avoid various edits and reviews. This practice is prohibited and will result in processing delays or cancellation of the activity's requirement.

b. Accurate Prices. Vendor quotes are the most reliable source. Normally, price estimates will vary with the source and age of the price information. Most quotes are valid for a period of 90 to 120 days; the quote submitted with the MPR package is for reference and supporting documentation only. It is important that all quotes are reviewed, validated and updated when they are submitted with the procurement requisition package. Any significant price changes need to be updated in DMLSS to interface with WebMRE. When estimating prices, judgment and care should be exercised for two reasons:

(1) Workload Savings. Inaccurate prices will generate requests for verification, cause increased commitments of funds, and require reconciliation of financial records.

(2) Price estimates establish the nature of the requirement such as investment, or expense. These categories of equipment are budgeted in different channels and, therefore, accurate price will ensure application of the proper type of funds. Initial price estimates establish the type of funds to use.

15-3. RELOCATABLE BUILDINGS

The purchase of relocatable buildings considered personal property must follow the MEDCASE program rules when the cost is equal to or greater than the expense-investment threshold funding limitation of $250,000 per building. Requests for authority to obtain relocatable buildings are governed by AR 420-18*, Facilities Engineering Materials, Equipment, and Relocatable Building Management*. Approval authority to purchase is the Deputy Assistant Secretary of the Army for Installations and Housing (DASA-I&H). This approval must be completed before MEDCASE funds are released. Detailed information on approval procedures for relocatable buildings can be found in SB-8-75-11, chapter 8 *or Facility Information Bulletin* (FIB) *#2005-001* on Army Knowledge Online (AKO).

15-4. MEDCASE/SUPERCEEP ELIGIBILITY OF COSTS OTHER THAN UNIT PRICE

The MEDCASE/SuperCEEP program requirements frequently involve costs other than the unit price of the item to be acquired. Examples of these costs include transportation costs, costs of training equipment operators and maintenance personnel, installation costs, site preparation costs, and consumable supplies costs. While all of these costs must be considered when developing a MPR, some are eligible for MEDCASE/SuperCEEP Program funding while others are not. The following represents a general set of rules to use when considering use of MEDCASE/ SuperCEEP Program funds.

a. Transportation Costs. Transportation costs are divided into first and second-destination transportation costs.

(1) First-Destination Transportation Costs. This is the cost of moving an equipment item from the commercial source to the point at which the government first takes delivery (i.e., a depot or treatment facility receiving dock).

(a) MEDCASE/SuperCEEP funds may be used to pay first-destination transportation charges. Normally first-destination charges are incorporated in the price of the equipment purchased, e.g., FOB Destination. If questions or doubts arise on this point, the local contracting office can clarify contract terms or USAMMA may be contacted for assistance.

(b) MEDCASE/SuperCEEP funds cannot be used to pay first destination transportation costs when it is not associated with the acquisition of a MEDCASE/SuperCEEP requirement, rather O&M operating funds will be used to pay for transportation. Assistance should be sought from the local comptroller in these cases. Participants who do not have O&M funds should contact their parent command or USAMMA, Resources Management Division, ATTN: MCMR-MMA-R, Fort Detrick, MD 21702-5002; DSN 343-4445/commercial 301-619-4445, for assistance.

(c) MILCON funds used for BLIC "MB" requirements may be used to pay for first-destination transportation costs regardless of the terms of the equipment contract.

(2) Second-Destination Transportation Costs.

(a) Costs arise when equipment is shipped between two locations within the government.

(b) Neither MEDCASE/SuperCEEP nor medical MILCON funds may be used to pay for second-destination transportation costs.

(c) O&M are used when excess equipment is redistributed within the AMEDD.

b. Training Costs. Training costs include user and maintenance personnel training and is normally associated with the operation of equipment after receipt and acceptance. The MEDCASE/SuperCEEP program will pay for some training weather it is intrinsic to the contract or priced separately. Per Diem and transportation costs associated with such training must be funded by local user mission funds.

c. Installation.

(1) The vendor normally accomplishes the installation of diagnostic imaging and radiation therapy systems.

(2) Installation includes the electrical, plumbing and mechanical interconnection between the components of the system and the mounting of system components to existing support structures. Unless otherwise specified in the delivery order, *contractor installation DOES NOT INCLUDE* carpentry work, plumbing, electrical infrastructure, or demolition work. To ensure that installation fulfills the requirement, coordination between the customer, the USAMMA, and the acquisition activity is strongly encouraged.

(3) Contractor installation must be specified on the local purchase document. Installation must appear as a separate contract line item (CLIN) on the contract or delivery order. The cost of installation is funded by MEDCASE/SuperCEEP.

d. Site Preparation.

(1) Site preparation is the responsibility of the activity and may become a major problem when it is not planned for and budgeted by the activity. The activity's supporting facility engineer normally accomplishes site preparation either in-house or by a service contract.

(2) Site preparation includes any and all of facility modifications that must be accomplished to allow the contractor to install the system. Site preparation may consist of rough-in carpentry work, plumbing, the mounting of conduit or the running of wires through conduit, and/or the mounting of junction boxes, lines switched, and fuses.

(3) Site preparation *is not* funded with MEDCASE or centralized SuperCEEP funds. The activity must program for and obtain DHP O&M funds for site preparation in accordance with command procedures. See FM 8-75-11 chapter 8 (Facility Life Cycle Management), for more details on the site preparation program.

e. Turnkey Acquisition. A turnkey acquisition is a strategy whereby a single vendor is awarded a contract to perform site preparation functions, as well as supply and install the equipment.

(1) Generally, a local contracting activity does not accomplish turnkey acquisition; therefore, activities that desire turnkey acquisition must request an exception to policy in order to locally procure the requirement. *The request must cite the availability of DHP O&M funds* for the site preparation portion of the project.

(2) Turnkey acquisition consists of a contract or delivery order for the equipment and installation and a service contract for site preparation. The activity must prepare a "Statement of Work," which is the specification for the site preparation portion of a turnkey acquisition. The activity must provide a separate, DHP O&M fund citation to the local purchasing and contracting activity for that function.

f. Consumable and Operating Supplies. Many manufacturers include a small amount of supplies, not to exceed a 30-day supply level, with the equipment when it is sold. These supplies, provided they are part of the basic equipment contract, may

be financed with MEDCASE/SuperCEEP funds. Beyond these "start up" supplies, any supplies needed must be funded with O&M.

15-5. WARRANTIES

Most medical equipment suppliers warrant their products. Terms of the warranty can vary between suppliers and facilities depending upon their location and between the sources of contracting support. The following guidelines apply:

a. Diagnostic Imaging Equipment. Warranties for diagnostic imaging equipment purchased through DSCP are quite specific and comprehensive. Refer to chapter 12.

b. Other Equipment Purchased by DSCP. Unless otherwise specified by the customer, DSCP will specify the standard commercial warranty for the item being acquired. A customer may request additional (extended) warranty coverage; however, costs associated with the coverage must be funded by the activity using O&M funds.

c. Local Procurement. Activities should specify necessary warranty coverage of their purchase request to the local purchase and contracting officer. Standard commercial warranty that is included as part of the contract price for the equipment is MEDCASE/SuperCEEP eligible. Additional charges for extended warranty coverage must be funded by the activity using O&M funds.

15-6. LEASED EQUIPMENT

a. General. The MEDCASE and SuperCEEP programs were established to purchase new or replacement technology in the USAMEDCOM facilities. Leasing equipment, regardless of the cost of the lease or the value of the equipment lease, is generally not included within the MEDCASE/SuperCEEP programs. Most equipment leases are considered operating leases and are executed with local O&M funds.

b. Buy-outs of Equipment on Lease. The buy-out of an equipment lease, provided that the cost of the buy-out exceeds the threshold of $100,000 for SuperCEEP and $250,000 for MEDCASE and the equipment otherwise meets the eligibility criteria stated in chapter 2 of this Supply Bulletin may be funded through the MEDCASE/SuperCEEP program.

(1) Proposed lease buy-outs must be established as MEDCASE/ SuperCEEP program requirements in accordance with normal program procedures.

(2) The buy-out of an equipment lease requires careful monitoring and coordination in order to prevent lapse of the lease prior to consultant approval and subsequent procurement/requisition.

15-7. REPORTING DISCREPANCIES

a. General. Equipment that is lost in shipment or received in the wrong quantity or condition must be expeditiously reported to the supply source and to the USAMMA. Shipment discrepancies that arise when the equipment is acquired through local procurement must be coordinated directly with the supporting purchasing and contracting activity.

b. Lost or Damaged Shipments. Equipment acquired through the MEDCASE/ SuperCEEP program that is either lost or damaged in shipment must be reported using SF Form 364, (Report of Discrepancy [ROD]), in accordance with AR 735-11-2. The ROD must be submitted by the activity directly to the supply source by the methods specified in the regulation and an information copy provided to the:

USAMMA
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

The resolution of the ROD may provide the activity with a credit or may direct the return of the equipment to the vendor.

c. Wrong Specifications Provided. In cases where the vendor has provided the wrong specifications, the receiving activity must submit a ROD as described above. A copy of the contract or delivery order should be attached to the ROD.

(1) In cases where the return of equipment is directed by the supply source, the activity must expeditiously follow the instructions provided. The return shipment must always be made by traceable means. MEDCASE/SuperCEEP funds cannot be used for the transportation costs.

(2) In cases where the vendor grants a credit to the activity, a written or .pdf copy of the document which grants the credit must be provided to the:

U.S. Army Medical Materiel Agency
ATTN: MRMC-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

d. Over shipments. Activities receiving an over shipment of items acquired through the MEDCASE/SuperCEEP program should immediately contact the USAMMA for assistance. The customer may be required to submit a ROD.

(1) If the activity has a need for the quantity over shipped and there are sufficient funds available, the USAMMA ***may*** certify the additional funds to the supply source so that the over shipment may be retained.

(2) Over shipments shall not be treated as a "free issue." Over shipments cannot be accepted by an activity unless approval has been obtained and funds have been certified by the USAMMA.

(3) If the activity does not have a need for the over shipment, the USAMMA will coordinate with the supporting command to determine if there are any other requirements that could be satisfied. If a requirement is identified and funding is available, the USAMMA and the command will coordinate transportation and funds adjustments.

(4) If return of the over shipment is directed, the information provided in this chapter applies.

CHAPTER 16. EQUIPMENT REPLACEMENT REPORTS

16-1. INTRODUCTION

This chapter discusses equipment replacement reports for MEDCASE/SuperCEEP requirements.

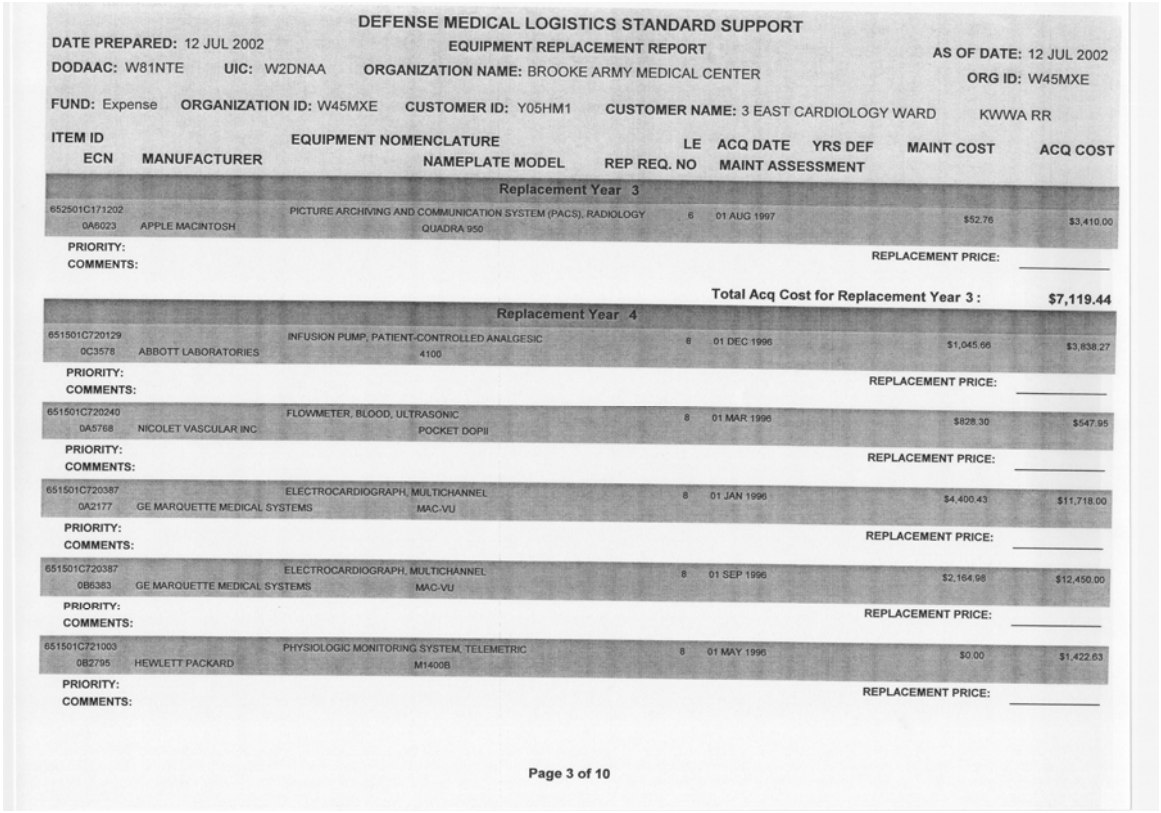
16-2. GENERAL

The user can access an equipment replacement report by utilizing an ad hoc Business Objects query through DMLSS or by downloading the report via JMAR. The report lists equipment eligible for replacement based on year-in-service and projected life expectancy. This information can be used for numerous purposes, including defense of the MEDCASE/SuperCEEP program budget.

16-3. EQUIPMENT REPLACEMENT REPORT

a. The Equipment Replacement report is intended as a long-range, 5-year equipment requirements forecast. The report is centrally generated for all MEDCASE/ SuperCEEP requirements to develop and defend the program budget as part of the Program Objective Memorandum (POM) process. Activities may also generate this report whenever required. Reports should be used as a management tool for strategic planning and should not be the sole justification for replacement.

b. DMLSS. Reports generated in DMLSS are accessed by entering the Equipment Management module and clicking on the Reports tab. The Equipment Replacement report is located under the Standard Inquiry tab.



DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT

DATE PREPARED: 12 JUL 2002 — EQUIPMENT REPLACEMENT REPORT — AS OF DATE: 12 JUL 2002

DODAAC: W81NTE UIC: W2DNAA ORGANIZATION NAME: BROOKE ARMY MEDICAL CENTER ORG ID: W45MXE

FUND: Expense ORGANIZATION ID: W45MXE CUSTOMER ID: Y05HM1 CUSTOMER NAME: 3 EAST CARDIOLOGY WARD KWWA RR

ITEM ID / ECN	MANUFACTURER	EQUIPMENT NOMENCLATURE / NAMEPLATE MODEL	LE / REP REQ. NO	ACQ DATE / MAINT ASSESSMENT	YRS DEF	MAINT COST	ACQ COST
Replacement Year 3							
652501C171202		PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS), RADIOLOGY	6	01 AUG 1997		$52.76	$3,410.00
0A6023	APPLE MACINTOSH	QUADRA 950					
PRIORITY:						REPLACEMENT PRICE:	
COMMENTS:							
						Total Acq Cost for Replacement Year 3 :	$7,119.44
Replacement Year 4							
651501C720129		INFUSION PUMP, PATIENT-CONTROLLED ANALGESIC	8	01 DEC 1996		$1,045.66	$3,838.27
0C3578	ABBOTT LABORATORIES	4100					
PRIORITY:						REPLACEMENT PRICE:	
COMMENTS:							
651501C720240		FLOWMETER, BLOOD, ULTRASONIC	8	01 MAR 1996		$828.30	$547.95
0A5768	NICOLET VASCULAR INC	POCKET DOPII					
PRIORITY:						REPLACEMENT PRICE:	
COMMENTS:							
651501C720387		ELECTROCARDIOGRAPH, MULTICHANNEL	8	01 JAN 1996		$4,400.43	$11,718.00
0A2177	GE MARQUETTE MEDICAL SYSTEMS	MAC-VU					
PRIORITY:						REPLACEMENT PRICE:	
COMMENTS:							
651501C720387		ELECTROCARDIOGRAPH, MULTICHANNEL	8	01 SEP 1996		$2,164.98	$12,450.00
0B6383	GE MARQUETTE MEDICAL SYSTEMS	MAC-VU					
PRIORITY:						REPLACEMENT PRICE:	
COMMENTS:							
651501C721003		PHYSIOLOGIC MONITORING SYSTEM, TELEMETRIC	8	01 MAY 1996		$0.00	$1,422.63
0B2795	HEWLETT PACKARD	M1400B					
PRIORITY:						REPLACEMENT PRICE:	
COMMENTS:							

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Replacement Year 1 – Indicates items deferred from previous years, which are past their life expectancy. In the example above, the report was generated in 2002, thus equipment listed in Replacement Year 1 should have been replaced in 2001 or earlier.
Replacement Year 2 – Indicates items that will reach their life expectancy in the current calendar year. For the above example, equipment in Replacement Year 2 should be replaced in 2002.
Replacement Year 3 – Indicates items that will reach their life expectancy in the following calendar year. For the above example, equipment in Replacement Year 3 should be replaced in 2003.
Replacement Year 4 – Indicates items that will reach their life expectancy in two calendar years. For the above example, equipment in Replacement Year 4 should be replaced in 2004.
Replacement Year 5 – Indicates items that will reach their life expectancy in three calendar years. For the above example, equipment in Replacement Year 5 should be replaced in 2005.
LE – Indicates the life expectancy of the item.
YRS DEF – Indicates years past life expectancy of the item.
MAINT COST – Indicates maintenance costs.
ACQ COST – Indicates acquisition costs.

c. JMAR. Reports generated in JMAR are accessed by logging on to the website https://jmar.detrick.army.mil. Click Asset Visibility, Equipment, and then Equipment Replacement Value Roll-up or Equipment Replacement Value Detail based upon preference.

Equipment Replacement Detail Query Results

01-May-06

YEAR	ORG ID EM	ORG ID SUB	ORG DESCRIPTION	ITEM ID	ECN	DEVICE DESC	ITEM DESC	ACCN TBL EQPMT CD	MAINT REQR CD	ACQ DT	ACQ COST	CURRENT MKT VALUE PRC	ACQ COMMODITY CLS NM	LIFE EXPECTANCY QTY	MANUF NM	MANUF DIV	MODEL NUM	MANUF MDL COM ID	SERIAL NUM	SYSTEM TYPE	ASSET CONTRL NUM	RECORD DATE	DATA SOURCE
Prev Yrs	W33LGY	YMEC06	FORT STEWART	651501 C706759AA	0F6050	FETAL HEART DETECTOR, ULTRASONIC	FETAL HEART DETECTOR, ULTRASON	Y	Y	01-JAN-96	$207,853.75	$133,478.67	EQUIPMENT-CAPITAL CENT PROC MEDICAL	8	GE MARQUETTE MEDICAL SYSTEMS	MONITOR AND INFO SYSTEMS	SP590-2	-	MMCN-F6050	SYS	465095999	31-MAR-06	DMLSS ETM
Prev Yrs	W33LGY	YMELAG	FORT STEWART	664001 C705246	0F7994	CLINICAL CHEMISTRY ANALYZER, AUTOMATED	CLINICAL CHEMISTRY ANALYZER, A	Y	Y	01-NOV-96	$130,075.16	$142,182.43	EQUIPMENT-CAPITAL CENT PROC MEDICAL	7	ORTHO-CLINICAL DIAGNOSTICS INC	CORPORATE	VITROS 950	VITROS 950	R9510126	IND	-	31-MAR-06	DMLSS ETM
Prev Yrs	W33LGY	YMEXRE	FORT STEWART	652501 C706794AA	0F6336	RADIOGRAPHIC/FLUOROSCOPIC SYSTEM, GENERAL-PURPOSE	RADIOGRAPHIC/FLUOROSCOPIC SYST	Y	Y	01-APR-97	$393,181.30	$503,434.38	EQUIPMENT-CAPITAL CENT PROC MEDICAL	8	PHILIPS MEDICAL SYSTEMS NORTH AMERICA	CORPORATE	SUPER 80 CP	SUPER 80 CP	F6337	SYS	325796002	31-MAR-06	DMLSS ETM
Prev Yrs	W33LGY	YMEXRE	FORT STEWART	652501 C706822	0F6367	PROCESSOR, ELECTRONIC IMAGE	PROCESSOR, ELECTRONIC IMAGE	Y	N	01-JUN-97	$143,034.00	$107,644.00	EQUIPMENT-CAPITAL CENT PROC MEDICAL	8	3M HEALTH CARE	CORPORATE	8700	8700	8702101	IND	-	31-MAR-06	DMLSS ETM
Prev Yrs	W33LGY	YMEXRE	FORT STEWART	652501 C706813AA	0F6306	STEREOTACTIC SYSTEM, BIOPSY	STEROTACTIC BIOPSY SYSTEM	Y	Y	01-DEC-96	$251,825.40	$290,881.23	EQUIPMENT-CAPITAL CENT PROC MEDICAL	8	LORAD	CORPORATE	NONE	-	F6310	SYS	323096001	31-MAR-06	DMLSS ETM
Prev Yrs	W33LGY	YMEXRE	FORT STEWART	652501 C706792AF	0F7924	PRINTER, MULTIFUNCTION	PRINTER, MULTIFUNCTION	Y	N	01-SEP-96	$163,789.00	$0.01	EQUIPMENT-EXPENSE MEDICAL	7	3M HEALTH CARE	CORPORATE	8700A FEB	-	8701458	IND	-	31-MAR-06	DMLSS ETM
Base Yr	W33LGY	YMEXRE	FORT STEWART	652501 C706793AA	0F6430	RADIOGRAPHIC UNIT	RADIOGRAPHIC UNIT	Y	Y	01-NOV-97	$371,080.00	$491,441.44	EQUIPMENT-CAPITAL CENT PROC MEDICAL	8	GE MEDICAL SYSTEMS	CORPORATE	ADVANTX	-	F6431	SYS	325796001	31-MAR-06	DMLSS ETM
Base Yr	W33LGY	YMEXRE	FORT STEWART	652501 C706954	0F6977	SCANNING SYSTEM, MAGNETIC RESONANCE IMAGING	SCANNING SYSTEM, MAGNETIC RESO	Y	Y	01-APR-00	$807,831.00	$987,789.82	EQUIPMENT-CAPITAL CENT PROC MEDICAL	6	MARCONI MEDICAL SYSTEMS INC	CORPORATE	POLARIS 1.0	-	BF102	IND	309699999	31-MAR-06	DMLSS ETM
2007	W33LGY	YMEXRE	FORT STEWART	652501 C706191	0F6787	SCANNING SYSTEM, ULTRASONIC, OBSTETRIC/GYNECOLOGIC	SCANNING SYSTEM, ULTRASONIC, O	Y	Y	01-JUN-99	$190,530.00	$240,813.76	EQUIPMENT-CAPITAL CENT PROC MEDICAL	8	ATL ULTRASOUND INC	CORPORATE	HDI 5000	HDI 5000	01769P	IND	315799001	31-MAR-06	DMLSS ETM
2008	W33LGY	YMEEGK	FORT STEWART	652501 C707024AA	0K0298	DIGITAL IMAGING SYSTEM, COMPUTED RADIOGRAPHY	DIGITAL IMAGING SYSTEM, COMPUT	Y	Y	01-SEP-01	$587,768.00	$598,347.82	EQUIPMENT-CAPITAL CENT PROC MEDICAL	7	AGFA CORP MEDICAL IMAGING SYSTEMS	CORPORATE	ADC SOLO	ADC SOLO	ECN-K0299	SYS	319000001	31-MAR-06	DMLSS ETM
2009	W33LGY	YMEC06	FORT STEWART	651501 C707044AA	0J0228	FETAL HEART DETECTOR, ULTRASONIC	FETAL HEART DETECTOR, ULTRASON	Y	Y	01-JUL-01	$213,793.00	$221,734.65	EQUIPMENT-CAPITAL CENT PROC MEDICAL	8	GE MARQUETTE MEDICAL SYSTEMS	MONITOR AND INFO SYSTEMS	QS SYSTEM	-	MMCN-J0228	SYS	465001001	31-MAR-06	DMLSS ETM

Previous Years - Indicates items deferred from previous years, which are past their life expectancy. In the example above, equipment listed in Previous Years should have been replaced in 2005 or earlier.
Base Year – Indicates items that will reach their life expectancy in the current calendar year. In the above example, equipment listed in the Base Year should be replaced in 2006.
2007 – Indicates items that will reach their life expectancy in calendar year 2007.
2008 - Indicates items that will reach their life expectancy in calendar year 2008.
2009 – Indicates items that will reach their life expectancy in calendar year 2009.
ACQ – Acquisition Date
ACQ Cost – Acquisition Cost
Life Expectancy QTY – Life expectancy of requirement

CHAPTER 17. TECHNOLOGY ASSESSEMENT AND REQUIREMENTS ANALYSIS (TARA)

17-1. INTRODUCTION

The TARA program establishes a standardized methodology for assessing, planning, and pursuing the acquisition of capital investment technology within the AMEDD.

17-2. MISSION

The TARA's mission is to provide the activity and the USAMEDCOM with management information needed to make informed decisions on the technology resources required to accomplish business plan missions and optimize clinical outcomes. This is accomplished through an unbiased assessment of diagnostic imaging and laboratory functional departmental operations under the authority of the STCPC.

17-3. COORDINATION

The TARA Team Leader is responsible for coordinating the TARA with the facility to be assessed as well as the appropriate specialty consultants. There are two types of TARAs:

a. Routine TARA. These TARA assessments are conducted on a regional 4- to 5-year cyclic basis under the guidance of the STCPC. Each TARA consists of an assessment of requirements, current equipment, and operations as they relate to the equipment and clinical operations. The Materiel Acquisition Directorate (MCMR-MMO), USAMMA, conducts the TARA and the clinical consultant from the OTSG or his or her representative performs the clinical assessment. The clinical consultant from the OTSG and the MCMR-MMO will lead all TARAs conducted at MTFs. The results of this assessment are provided only to the requesting facility and their respective RMC to use as they see appropriate. Trends and command-wide management issues discovered during these assessments will be presented to the DIRS and the STCPC on a semiannual basis to assist in policy development and strategic planning. No specific reference will be made to issues at individual facilities except under extenuating circumstances such as serious safety or risk management issues or with the permission of the facility.

b. Specialty TARA. The specialty TARA is conducted at the direction of the USAMEDCOM/STCPC or at the request of a site to serve a specific function not addressed by the routine TARA. The results of this assessment are provided to the USAMEDCOM/STCPC and the activity, respectively. If the TARA is at the request of the activity, the activity may have to fund the travel of the team.

17-4. METHODOLOGY

a. The methodology for conducting an integrated TARA is broken into two parts. The technical assessment focuses on equipment issues. Staffing and operational considerations are only assessed to the extent that they directly impact equipment utilization. The clinical assessment evaluates the correct clinical staffing

based on the annual workload and procedural mix. Data is gathered during a site visit by the USAMEDCOM clinical consultant or his/her representative and the technical TARA team from the USAMMA.

b. The site visit provides the assessment team the opportunity to observe departmental operations, talk to staff members, review maintenance histories, and physically inspect the equipment. Prior to the site visit, the facility will be required to provide information on the type and condition of equipment, numbers and types of procedures performed annually, clinic layouts, and existing business plans. The synthesis of this information provides a snapshot of the facility's technology utilization. This information and assessment shows where improvement is possible and where capital might be expended for the greatest benefit. The technical TARA consists of three primary components:

(1) Assessment of requirements. Commercial equipment utilization factors, tempered by contingency issues unique to military hospitals, are applied to the facility's workload to determine how the activity compares with its commercial counterparts. This comparison does not imply that Army activities should be held to commercial standards. However, these utilization factors provide the TARA team a yardstick with which to begin the evaluation process. An evaluation of the requirements will indirectly assess the facility's efficiency and help determine where resources might best be applied in the capital equipment program.

(2) Assessment of operations as it relates to equipment. This includes an evaluation of procedural mix, staffing, work schedule, patient flow and throughput, and quality assurance/risk management to the extent that these factors apply to the acceptability and appropriate utilization of existing equipment. This information is obtained through a combination of staff interviews and personal observation of patient scheduling and throughput patterns. The evaluation models will be determined from clinical consultant input and subject to periodic review. The Program, Analysis, and Evaluations Division at OTSG is responsible for quantitative staffing analysis.

(3) Assessment of equipment. This evaluation assesses whether the facility's existing equipment uses abandoned or obsolete technology and whether the equipment meets standards for acceptability. The assessment includes a market survey of current technology, a comprehensive evaluation of the state of existing equipment, an evaluation of trends and developments that will affect requirements and contract information where pertinent. This assessment will also help determine where resources might best be expended to preserve or extend the life of equipment.

c. The clinical operations assessment is a clinical functional review by OTSG clinical consultants. The functional review generally focuses on staffing, customer service, quality and risk management, patient workflow and management, appropriate functional task performance, and integration with other care issues and areas. This review incorporates clinical input from the assessed facility with respect to workforce design, functional success, and mission. In addition, the review compares the functional operation to accepted practice models and addresses leader development, training, and other military relevant management issues.

d. Prior to conducting the on-site assessment, the TARA team will in-brief the command group and respective specialty chiefs. At the conclusion of the site visit, an

informal out-brief of the major issues and findings will be offered to the assessed facility. A final written report will be provided in 8 to 10 weeks outlining the following:

(1) Recommended additions, deletions, and replacement of equipment and technology

(2) Requirements of the facility related to recommended changes

(3) Considerations for operational and departmental layout

(4) Recommended procurement methodology for new or replacement equipment

(5) A discussion of the clinical issues as discussed above.

17-5. INTEGRATION

The MCMR-MMO-A will ensure that the utilization factors and models used in the conduct of a TARA are consistent with AMEDD strategic plans and specialty consultant focus. The utilization factors will also be consistent with current DOD existing criteria to present a seamless interface to the assessed facility. Periodically, the USAMEDCOM/STCPC may direct special emphasis areas that will be integrated into the TARA, but reported separately to the command.

17-6. ACCOUNTABILITY

As the purpose of the TARA program is to provide management information to the USAMEDCOM and activity decision makers; it is expected that TARA results will be incorporated into business and strategic plans. Management data from the final report will be used as a yardstick for allocation of resources to the facilities in question.

17-7. CONFIDENTIALITY

At no time will the confidential data obtained during a TARA be discussed during the allocation of resources, or will a facility's requirement be approved or disapproved based solely on the data obtained during a TARA. If a significant safety or risk management problem is discovered during the course of a TARA, this information will be provided to the USAMEDCOM at the discretion of the TARA team chief. Specific data from activity requested TARAs will remain confidential. Command-wide trends may be discovered that affect the approval process for specific types or classes of capital equipment.

17-8. PROGRAM REVIEW

The TARA program is subject to periodic (annual) review and modification by the STCPC.

APPENDIX A. IDCS AND STANDARD ITEM DESCRIPTIONS

A-1. GENERAL

a. This appendix provides three separate IDC tables:

(1) Table A-1 provides examples of specific and generic IDCs.

(2) Table A-2 provides a list in IDC sequence.

(3) Table A-3 is the nomenclature list provided in alphabetical order.

b. This IDC list is current as of the time of this publication. Activities are strongly recommended to use the IDC list available in DMLSS as it is periodically updated.

(1) The use of these IDCs and standard item descriptions to identify MEDCASE/SuperCEEP requirements is **mandatory**. They are intended to ensure the generic description of MEDCASE-acquired equipment and provide the consistency that is essential for centralized asset visibility and reporting systems. MPRs will be edited at the USAMMA for accuracy. MPRs with incorrect item descriptions or IDCs may be rejected for correction.

(2) IDCs and standard item descriptions must be consistent between MEDCASE/SuperCEEP requirements and DMLSS property records; that is, the same IDC and standard item description used on the MPR and DMLSS planning record should also be used to account for the item on the DMLSS property book.

(3) The abbreviation EMSS (Emergency Medical Services System) is used in several medical item descriptions. This is used to denote items that require special adaptation to an EMSS or an Ambulatory Care Program (e.g., attention to radio frequency shielding), which are operated under varied weather conditions, or coordinated with a telemetry system.

(4) In cases where an activity has difficulty selecting an appropriate standard item description and IDC, the assistance of biomedical maintenance or other technically qualified personnel should be sought. Questions that cannot be resolved at the local level may be addressed to:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001
DSN 343-6984/commercial 301-619-6984

A-2. SELECTION OF A STANDARD ITEM DESCRIPTION

a. Standard item descriptions provide generic, standardized nomenclatures for types of equipment acquired through the MEDCASE/SuperCEEP program. Standard item descriptions have been created based upon past frequency of use and the importance of the item from a central management standpoint.

b. An item description should be selected from the Standard Item Description, Table A-2 or Table A-3. Where appropriate, other generic descriptive data should be added to the standard item description to further identify the item. In cases where an appropriate standard item description is not provided, the nomenclature should be constructed using the following instructions.

(1) Most common generic description, e.g., Illuminator.

(2) Next most common generic descriptive data, e.g., vertical.

(3) Other descriptive data, e.g., w/revolving nosepiece.

c. The standard item description must never be the name of a general category description (e.g., "Administrative Item").

A-3. SELECTION OF AN IDC

a. IDCs provide a shorthand reference to standard item descriptions. They are used in the construction of MEDCASE/SuperCEEP ACNs, and are entered into the IDC field of the DMLSS Property record. The functional area that is based upon the functional type of the equipment item, e.g., groups IDCs, a pharmaceutical refrigerator (IDC 6170) is a pharmacy item whether it is used in a pharmacy or in the installation medical supply activity.

b. IDCs are selected based upon the standard item description and/or the functional area selected. In cases where an appropriate standard item description is not provided, the nomenclature should be constructed as described and the IDC of the general functional area (e.g., 3500 for a laboratory science item) of the item applies. Table A-1 provides examples of specific and generic IDCs.

TABLE A-1. SELECTION OF IDC AND STANDARD ITEM DESCRIPTION

FROM IDC LIST:	
0543	Bronchoscope
2647	Dental Operating System
3246	X-Ray Apparatus, Radio
USING GENERAL CATEGORY IDC:	
0000	Administrative Item
0001	Base Operations (BASOPS) Item
3500	Laboratory Science Item

A-4. EXPLANATION OF IDC "NOTES"

Tables A-2 and A-3 include references to "notes" which provide additional information regarding the eligibility, coordination or approval of MEDCASE requirements for the equipment described. These notes are explained below:

NOTE	EXPLANATION
A	Supplemental (or "other") ADPE. Requires review by activity IMO and approval under the provisions of AR 25-1.
D	IMAE other than ADPE. Requires review by activity IMO. Approval under other regulations may also be required.
F	Applies to MILCON requirements only. NOT eligible for MEDCASE.
G	General category. Use this IDC, with a generic item description for the item, when a specific IDC and standard item description are not provided. DO NOT use the name of the functional area (e.g., "Medicine Item") as the item description.
H	Activity must submit a requisition through USAMMA, ATTN: MCMR-MMO-AT. See chapter 6.
P	Review by the activity Health Physicist or Radiological Protection Officer is required.
Q	Hospital-unique communications equipment. Review required by activity IMO.
R	Diagnostic Imaging/Radiation Therapy equipment. Review required by activity Chief of Radiology. See chapter 12.
T	Non-medical equipment. If over $250,000, requires TDA authorization and type classification exemption IAW AR 310-40 and command guidance. See chapter 13.
U	Item contains or may contain embedded ADPE. Review by activity IMO is required. See chapter 13.
X	Requirements with a system price of $250,000 or more must be reviewed by the functional consultant
Z	Managed by another DA-Level program. Not MEDCASE/SuperCEEP-eligible unless requirement cannot be supported by the appropriate program. See chapter 2.

TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		0000-0249 Health Care Administration	
0000		ADMINISTRATIVE ITEM	G
0001		BASE OPERATIONS (BASOPS) ITEM	
0003	7490	EMBOSSER, PLASTIC CARD	T
0004		NEW FACILITY PACKAGE (specify type)	F,G
0005		FURNITURE AND FURNISHING PACKAGE	F
0006		GRAPHIC ARTS PACKAGE	F
0007		INTERIOR DECORATIVE PLANT PACKAGE	F
0008		INTERIOR SIGN PACKAGE	F
0009		WINDOW COVERING PACKAGE	F
0010		LOGISTICS ITEM	G,T
0011		MATERIEL DISTRIBUTION SYSTEM	
0012		MATERIELS HANDLING EQUIPMENT	T
0013		SHELVING SYSTEM, TRACK-MOUNTED (often called "space-saver" shelving)	
0014		CABINET, FLAMMABLE STORAGE	T
0015		READER, BAR CODE LABEL	T
0016	7490	EMBOSSER, PLASTIC SIGN	T
0017	3540	SEALER, HEAT (for hospital linen packaging)	T
0018	7910	SCRUBBING MACHINE, FLOOR	T
0019	7910	SHAMPOOING MACHINE, CARPET	T
0020		OXYGEN GENERATION SYSTEM	M
0024		EMBOSSER PLASTIC CARD (USE 0003)	
0025		POWER SUPPLY, UNINTERRUPTED (UPS)	M,T
0033		POWER SUPPLY, UNINTERRUPTED (UPS) (USE 0025)	
0050		HOSPITAL COMMUNICATIONS SYSTEM (Nurse call system = IDC 4072)	G,Q,T
0051		HOSPITAL INTERCOM SYSTEM	Q,T
0052		CENTRAL DICTATION SYSTEM	Q,T,U
0053		MONITOR/RECORDER, COMMUNICATIONS SYSTEM	Q,T
0055	6350	INTRUSION DETECTION SYSTEM	M,T
0056		SHELVING SYSTEM TRACK MOUNTED (USE 0013)	
0100		AUTOMATIC DATA PROCESSING EQUIPMENT	A,G,T
0110		TELECOMMUNICATIONS EQUIPMENT	D,G,T,Z
0111	5830	PAGING SYSTEM, RADIO	D,T,Z
0115	5830	RADIOTELEPHONE SYSTEM	D,T,Z
0120		VISUAL INFORMATION EQUIPMENT (formerly Audiovisual Equipment)	D,G,T,Z
0121	5820	CAMERA, TELEVISION	D,T,Z
0130		MICROGRAPHICS EQUIPMENT	D,G,T
0131	6730	READER, MICROFICHE	D,T,Z
0132	6730	READER-PRINTER, MICROFICHE	D,T,Z
0140		RECORDS MANAGEMENT EQUIPMENT	D,G,T
0150		PRINTING AND BINDING EQUIPMENT	D,G,T,Z
0151		POINT OF USE	
0160	3610	COPIER, ELECTROSTATIC	D,T
0200		BASE OPERATIONS (BASOPS) ITEM	D,G,T

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		0250-0499 TMDE	
0250		TEST EQUIPMENT GENERAL (TMDE)	G,E
0251		ADAPTER (TMDE)	
0252		AMMETER AMC (TMDE)	
0256		AMPLIFER (TMDE)	
0260	6625	X-RAY CALIBRATION/VERIFICATION SYSTEM (TMDE)	E
0262		AMPLIFIER FOUR TRACE (TMDE)	
0270	6625	OSCILLISCOPE (TMDE)	E
0272		ANALYZER CAP (TMDE)	
0274		ANALYZER DISTORTION (TMDE)	
0276		ANALYZER SURGICAL (TMDE)	
0278		ANALYZER LOGIC (TMDE)	
0280	6625	TEST SET, DIGITAL (TMDE)	E
0288		AUDIOMENTER CALIBRATION (TMDE)	
0305		BRIDGE (TMDE)	
0310		BRIDGE INP (TMDE)	
0314		BRIDGE RES (TMDE)	
0320		CALIBRATOR/VER SYS X-RAY (TMDE)	
0322		CALIBRATOR GAS FLO RATE (TMDE)	
0324		CAMERA OSCILLOSCOPE (TMDE)	
0330		COUNTER (TMDE)	
0332		COUNTER ELECTRICAL (TMDE)	
0334		COUNTER UNIVERSAL (TMDE)	
0340		DENSITOMETER (TMDE)	
0344		DETECTOR (TMDE)	
0346		DETECTOR LEAK (TMDE)	
0354		GAGE SET (TMDE)	
0360		GENERATOR (TMDE)	
0362		GENERATOR FUNCTIONAL (TMDE)	
0366		GENERATOR PULSE (TMDE)	
0370		GENERATOR SIGNAL (TMDE)	
0372		GENERATOR SWEEP (TMDE)	
0380		METER (TMDE)	
0384		METER AC VA (TMDE)	
0390		METER FLO RATE (TMDE)	
0392		METER FREQUENCY (TMDE)	
0396		METER MULT (TMDE)	
0400		METER POWER (TMDE	
0402		METER RADIAC (TMDE)	
0404		METER SOUND (TMDE)	
0410		METER WATT (TMDE)	
0420		MODULE (TMDE)	
0422		MONIOR (TMDE)	
0426		OSCILLATOR AUDIO (TMDE)	
0440		OSCILLOSCOPE (TMDE)	
0442		OSCILLOSCOPE DUAL BEAM (TMDE)	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		0250-0499 TMDE (Continued)	
0444		OSCILLOSCOPE PLUG IN (TMDE)	
0446		OSCILLOSCOPE PORTABLE (TMDE	
0448		OSCILLOSCOPE STORAGE (TMDE)	
0449	6625	PHANTOM, NUCLEAR	E
0450	6625	PHANTOM, RADIOGRAPHIC (Changed from PHANTOM)	E
0451	6625	PHANTOM, ULTRASONIC	E
0452		PLUG IN (TMDE)	
0454		POWER SUPPLY (TMDE)	
0456		PROBE (TMDE)	
0460		RADIOMETER (TMDE)	
0462		RECORDER (NON-MEDICAL) (TMDE)	
0464		RECORDER X Y (TMDE)	
0466		SCALES (NON-MEDICAL) (TMDE)	
0470		TACHOMETER (TMDE)	
0472		TACHOMETER PHOTO (TMDE)	
0474		TEST CASSETTE (TMDE)	
0476		TEST PATTERN (TMDE)	
0478		TEST SET (TMDE)	
0480		TEST SET BIOMEDICAL (TMDE)	
0482		TEST SET CONDUCTIVITY (TMDE)	
0484		TESTER (TMDE)	
0486		TESTER CURRENT LEAKAGE (TMDE)	
0488		TESTER DEFIBRILLATOR (TMDE)	
0490		TESTER TRANSISTOR (TMDE)	
0492		TESTER TUBE (TMDE)	
0493		THERMOMETER (NON-MEDICAL) (TMDE)	
0494		TIMER (TMDE)	
0496		TRANSFORMER (TMDE)	
0497		VISCOMETER (TMDE)	
		0500-0999 MEDICINE	
0500		MEDICINE ITEM	G
0504		ADAPTER CLOS OPE-GASTROSCOPE	
0513		ANALYZER CARDIAC OUTPUT	
0530		AUSCULTATION SYS	
0543	6615	BRONCHOSCOPE	
0545		CARDIOSCOPE	
0550	6515	DEFIBRILLATOR (without monitor)	
0555	6515	DEFIBRILLATOR/ECG MONITOR (also see IDC 2060)	
0560	6515	DETECTOR, FETAL MONITOR	
0562	6530	DRIER FOR RESPIRATOR THERAPY EQUIPMENT	
0563	6515	ELECTROCARDIOGRAPH	G
0565	6515	ELECTROCARDIOGRAPH SYSTEM 1 CHAN	
0566		ELECTROCARDIOGRAPH SYSTEM 2 CHAN	
0567	6515	ELECTROCARDIOGRAPH SYSTEM 3 CHAN NON CAPOC	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		0500-0999 MEDICINE (Continued)	
0568	6515	ELECTROCARDIOGRAPH SYSTEM MULTI CHAN (specify no. of chan)	
0569	6515	ELECTROCARDIOGRAPH SYSTEM, MULTI CHAN. CAPOC COMPATIBLE	
0570	6540	ELECTRONYSTAGOMOGRAPH	
0571	6515	ENDOSCOPE	
0572	6515	ENDOSCROPE TRAINING ATTACHMENT	
0575	6515	ESOPHAGEAL MOTILITY SYSTEM	
0580	6515	FIBERSCOPE (Add more description to the nomenclature)	G
0585	6515	FIBERSCOPE, COLON	
0590	6515	FIBERSCOPE, DUODENAL	
0595	6515	FIBERSCOPE, PHOTO UPPER GI	
0597	6515	RECORDER, PHYSIOLOGIC MULTI-CHANNEL	
0603	6530	HYPOBARIC CHAMBER	
0605	6515	HYPODERMIC INJECTION APPARATUS, JET AUTO	M
0610	6515	INJECTOR, ANGIOGRAPHIC	
0611	6515	KIDNEY MACHINE (Hemodialysis Machine)	
0612	6515	INTENSIVE CARE SYSTEM INFANT	
0614	6515	LIGHT, BILIRUBIN	
0615	6515	INTENSIVE CARE SYSTEM MED	
0619	6515	MONITOR, CARBON DIOXIDE	
0620	6515	MONITOR, BLOOD PRES 1 STA	
0621	6515	MONITOR, BLOOD PRES (Specify number of stations)	
0622		MONITOR, BLOOD PRES 4 STA	
0624		MONITOR, BLOOD PRES 8 STA	
0625	6515	MONITOR, CARDIAC 1 STA	
0626	6515	MONITOR, CARDIAC (Specify number of stations)	
0627		MONITOR, CARDIAC 4 STA	
0628		MONITOR, CARDIAC 6 STA	
0629		MONITOR, CARDIAC 8 STA	
0630	6515	MONITOR, SYSTEM EXERCISE-STRESS (Includes treadmill and ECG)	
0631		MONITOR, EXERCISE STRESS COMPUTERIZED	
0635	6515	MONITOR, HEART RATE 1 STA	
0636	6515	MONITOR, HEART RATE (Specify number of stations)	
0637		MONITOR, HEART RATE 4 STA	
0638		MONITOR, HEART RATE 6 STA	
0639		MONITOR, HEART RATE 8 STA	
0640		MONITOR, HEART SOUND	
0641	6515	MONITOR, COMPUTERIZED	
0645	6515	MONITOR, PHYSIOLOGICAL SYSTEM 1 STA (Vital signs monitor)	
0646	6515	MONITOR, PHYSIOLOGICAL SYSTEM (Vital signs monitor, specify # stations)	
0647		MONITOR, PHYSIOLOGICAL SYS 4 STA	
0648		MONITOR, PHYSIOLOGICAL SYS 6 STA	
0649		MONITOR, PHYSIOLOGICAL SYS 8 STA	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		0500-0999 MEDICINE (Continued)	
0650	6515	MONITOR, RESPIRATION INFANT	
0651	6515	MONITOR, RESPIRATION 1 STA	
0653	6515	MONITOR, RESPIRATION (Specify number of stations)	
0654	6515	PATIENT MONITORING SYSTEM	
0655	6515	MONITOR RESPIRATORY 8 STA	
0656	6515	UPGRADE-PATIENT MONITORING SYS	
0661	6515	MONITOR, VENTILATION (Specify number of stations)	
0662	6515	MONITOR, VENTILATION 2 STA	
0663	6515	MONITOR, VENTILATION 4 STA	
0665	6515	MONITOR, VENTILATION 8 STA	
0670	6515	NEONATAL CARE SYSTEM	
0672	6515	PULSE OXIMETER	
0673	6515	CO-OXIMETER	
0675	6515	PACEMAKER	
0676	6515	PACEMAKER, EXTERNAL	
0678	6515	PACEMAKER INTERNAL/EXTERNAL	
0680	6515	PNEUMO-PLETHYSMOGRAPH	
0681	6515	PERITONEOSCOPE	
0682	6515	PANENDOSCOPY	
0683	6515	RECORDER, ELECTROCARDIOGRAM PORTABLE	
0686	6515	RECORDER TYMPANOGRAPH	
0690		RECORDER TRACE	
0697	6530	RESPIRATOR, PORTABLE	
0700	6515	RESUSCITATOR, OXYGEN-POWERED, PRESSURE CYCLED	
0705	6515	RESUSCITATOR, HEART-LUNG	
0710	6515	RESUSCITTOR-INHALER, PORTABLE	
0725	6515	SCANNER, DIAGNOSTIC	
0727	6515	SPIROMETER, DIAGNOSTIC	
0728	6515	SPIROMETER, MONITORING	
0730	6530	TABLE, EXAM	
0735	6530	TABLE, PROCTOSCOPE	
0740	6515	TRAINER, ARRHYTHMIA	
0742	6910	MANIKIN, RESUSCITATION TRAINING, RECORDING	
0745	6910	MODEL, ANATOMICAL	
0750	6530	TREADMILL (The monitor or entire system is IDC 0630)	
0760		VECTORCARDIOGRAPH	
		1000-1499 SURGERY	
1000		SURGICAL ITEM	
1100		AUDIOLOGY, ITEM	G
1105	6515	ANALYZER, HEARING AID	G
1110	6515	ANESTHESIA APPARATUS	
1111	6515	ACOUSTIC METER, COMPLIANCE AND IMPEDANCE	
1113	6515	ARTHROSCOPE	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		1000-1499 SURGERY (Continued)	
1114	6515	AUDIOMETER, AUTO OR MANUAL PORTABLE	
1115	6515	AUDIOMETER, DIAGNOSTIC	
1116	6515	AUDIOMETER, SCREENING 1 CHAN	
1118	6515	AUDIOMETER, SCREENING (Specify number of channels)	
1120		AUDIOMETER SCREENING 4 CHAN	
1122		AUDIOMETER SCREENING 6 CHAN	
1124		AUDIOMETER SCREENING 8 CHAN	
1125		AUDIOMETER SCREENING 10 CHAN	
1130	6515	BOOTH, AUDIOMETRIC EXAM 1 COMPARTMENT	
1131	6515	BOOTH, AUDIOMETRIC EXAM (Specify number of compartments)	
1132		BOOTH, AUDIOMETRIC EXAM 6 CHAN	
1133		BOOTH, AUDIOMETRIC EXAM 8 CHAN	
1134		BOOTH, AUDIOMETRIC EXAM 10 CHAN	
1135	6515	BRONCHOFIBERSCOPE, BIOPSY	
1150	6515	CAMERA, FUNDUS FLASH	
1155	6515	CAMERA, VIDEO, MEDICAL/SURGICAL SCOPE SET	
1160	6530	CHAIR, PODIATRY	
1165	6530	CHAIR, EXAM/TREATMENT SURG	
1170	6515	CHAMBER, ACOUSTIC	
1175		COMPUTER BLOOD VOLUME	
1180	6530	CRYOSURGICAL SYSTEM	
1200	6515	DIALYZER APPARATUS	
1202	6515	DRILL SET, SURGERY	
1207	6515	OPERATING APPARATUS ENT	
1215	6515	ELECTROSURGICAL APPARATUS	
1217	6515	HANDPIECE, BONE SURGICAL	
1218	6515	GASTROSCOPE	
1220	6515	HUMIDIFIER/VOLUME VENTILATOR	
1225	6515	HYPOTHERMIA APPARATUS, INTRAGASTRIC	
1234	6515	INTRACRANIAL PRESSURE MONITOR	
1235	6515	INTENSIVE CARE SYSTEM, SURG	
1236		IRRIGATOR TEM CONTROL	
1237	6515	LAPAROSCOPE, OPERATIVE	
1238	6545	IMPLANT INSTRUMENT SET (Components must be replaced with OMA funds)	
1239	6515	LASER, THERAPEUTIC, SURGICAL	P
1240	6530	LIGHT, OPERATING/EXAM, FIBEROPTIC	
1245	6530	LIGHT, SURG CEILING	M
1246	6515	LASER, LITHOTRIPSY, URETERAL	
1247	6515	LITHOTRIPTER SYSTEM, EXTRACORPOREAL	M,P,X
1248	6515	LITHOTRIPTER, PERCUTANEOUS ULTRASONIC	
1255	6515	MICROSCOPE, OPERATING ROOM	
1270	6515	PUMP, CARDIAC ASSIST	
1285		RESECTOSCOPE PROSTATIC	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		1000-1499 SURGERY (Continued)	
1290		RETRACTOR ABDOMINAL SELF RETAINING	
1292	6515	SINK, SURGICAL SCRUB	M
1295	6515	SPHYGMOMANOMETER, ELECTRONIC-ULTRASONIC	
1305	6530	TABLE, ORTHOPEDIC	
1310	6530	TABLE, OPERATING, HOSPITAL (IDC reserved for future use)	
1311	6530	TABLE, OPERATING, HOSPITAL	
1312	6530	TABLE, OPERATING, RADIOTRANSLUCENT (for use with mobile C-Arm, IDC 3224/3225)	
1315	6530	TABLE, EXAM, UROLOGICAL	
1360	6530	THERMOREGULATOR, PATIENT	
1365	6515	MONITOR, CENTRAL OXYGEN SYSTEM	M
1370	6515	MONITOR, ANESTHESIA (Specify central or stand alone)	
1380	6515	VENTILATOR, AUTOMATIC-MANUAL, ADULT	
1381	6515	VENTILATOR, AUTOMATIC-MANUAL, INFANT	
		1500-1999 PSYCHIATRY/NEUROLOGY	
1500		PSYCHIATRY/NEUROLOGY ITEM	G
1510	6515	BIOFEEDBACK SYSTEM	
1520	6515	ELECTROCONVULSIVE THERAPY APPARATUS	
1525		ELECTROENCEPHALOGRAPH 8 CHAN	
1526		ELECTROENCEPHALOGRAPH 12 CHAN	
1527		ELECTROENCEPHALOGRAPH 1	
1535	6515	ENCEPHALOGRAPH	
1550	6515	SIMULATOR, VISUALLY KEYED	
		2000-2499 AMBULATORY CARE PROGRAMS	
2000		AMBULATORY CARE ITEM	G
2020	6530	CART, EMERGENCY EMSS	
2025	6530	CART, UTILITY	
2040	6515	DEFIBRILLATOR, EMSS (Without monitor)	
2060	6515	DEFIBRILATOR/ECG MONITOR, PORTABLE, W/CHARGER (For ambulance/rescue team use, see also IDC 0555)	
2070	6530	INCUBATOR, INFANT TRANSPORT, EMSS	
2075	6530	LIGHT, SURGICAL, CEILING, EMSS	M
2077	6530	LIGHT, SURGICAL STAND	
2080	6515	MONITOR, PHYSIOLOGICAL SYSTEM (Vital signs monitor)	
2100	5805	RECEIVER - TRANSMITTER, EMSS	D,T
2120	5805	RECEIVER - TRANSMITTER, TELEMETRY	D,T
2140	6515	RESUSCITATOR/ASPIRATOR, EMSS	
2160		RESUSCITATOR HEART LUNG EMSS	
2170		STERILIZER STEAM EMSS	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		2500-2999 DENTISTRY	
2500		DENTISTRY ITEM	G
2515	6520	ANALGESIA MACH, DENTAL	
2516	6520	CABINET/SINK, DENTAL	
2520		CEPHALOMETER	
2525		ARTICULATOR DENTAL	
2545	6520	CHAIR, DENTAL OPERATING (May be a component of IDC 2647)	
2546	6520	CHAIR, DENTAL X-RAY	
2550	6520	CLEANER, ULTRASONIC DENTAL	
2565	6520	COMPRESSOR/DEHYDRATOR, DENTAL EQUIP	
2570		DENTAL OPERATING UNIT HYGIENIST	
2575	6520	DEHYDRATOR, COMPRESSOR AIR SYSTEM, DENTAL	
2590	6520	ELECTROSURGICAL APPARATUS, DENTAL	
2605	6520	EVACUATOR, ORAL CAVITY, DENTAL	
2625	6520	FURNACE, VACUUM, DENTAL	
2627	6520	HEATER, DENTAL	
2630	6520	LIGHT, DENTAL OPERATING UNIT (May be a component of IDC 2647)	M
2635	6520	LIGHT, DENTAL OPERATING, FIBEROPTIC	
2637		MACHINE CASTING TICONIUM	
2638	6520	MACHINE, CASTING, AUTOMATIC	
2639		MELTER MOLDS AUTOMATIC	
2640		MICROSCOPE PHASE (DENTAL USE)	
2645	6520	DENTAL OPERATING UNIT (May be a component of IDC 2647)	M
2647	6520	DENTAL OPERATING SYSTEM (Must include a chair and a dental operating unit)	
2650	6525	PROCESSING MACHINE, X-RAY FILM, AUTO DENTAL	
2655		PROCESSING UNIT DENT RESINS	
2660	6520	ULTRASONIC PROPHYLAXIS UNIT, DENTAL RESING	
2665		RESUSCITATOR DENT	
2670	6520	BLAST CLEANING CABINET	M
2685		STERILIZER BENCH MOUNTED-DENTAL	
2686	6530	STERILIZER, ELECTRIC, DENTAL (Specify Bench or Floor Mounted)	M
2705	6525	TANK, MASTER, X-RAY FILM PROCESS, DENTAL	
2715	6520	VACUUM SYSTEM, DENTAL	M
2725	6525	X-RAY APPARATUS, DENTAL, 7MA FIXED	P
2730	6525	X-RAY APPARATUS, DENTAL, 7MA PORTABLE	P
2735	6525	X-RAY APPARATUS, DENTAL, 15MA FIXED	P
2740	6525	X-RAY APPARATUS, DENTAL, 15MA PORTABLE	P
2745	6525	X-RAY APPAR DENT CYPHALOMETRIC 15MA	
2746	6525	X-RAY APPARATUS, DENTAL, CYPHALOMETRIC (State mA and kVp in nomenclature)	P
2748	6525	X-RAY APPARATUS, DENTAL, CYPHALOMETRIC/PANOGRAPHIC	P
2750	6525	X-RAY APPARATUS, DENTAL, PANOGRAPH	P

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		3000-3499 DIAGNOSTIC IMAGING/RADIATION THERAPY	
3000		DIAGNOSTIC IMAGING/THERAPEUTIC RADIATION ITEM	G,P
3001		UPGRADE-MAGNETIC RESONANCE IMAGING	
3002		UPGRADE-X-RAY APPARATUS, TOMOGRAPHY	
3003		UPGRADE-SCANNER, DIAGNOSTIC ULTRASOU	
3004		UPGRADE-CAMERA, GAMMA SCINTILLATION	
3005	6525	CABINET, CASSETTE TRANSFER	
3006		UPGRADE-POSITRON EMISSION TOMOGRAPH	
3008		UPGRADE-X-RAY APPARATUS, MAMMOGRAPH	
3009		UPGRADE-X-RAY APPARATUS, RADIO/FLUO	
3010		UPGRADE-X-RAY APPARATUS RADIO	
3015	6525	CALIBRATOR, ISOTOPE DOSE	N,P
3020	5820	CAMERA, CLOSED-CIRCUIT TV	
3021	6525	CAMERA, GAMMA SCINTILLATION (Specify in nomenclature if unit is single head, dual head or triple head)	I,N,P,X
3022	6525	CAMERA UNIT, PHOTO-FLUORO, X-RAY APPARATUS	P
3023	6525	CAMERA, MULTIFORMAT	P
3025	6525	CASSETTE CHANGER	
3026		CASSETTE CHANGER VARIABLE SPEED	
3027		CAMERA, GAMMA SCINTILLATION - TRIPL	
3028		CAMERA, GAMMA SCINTILLATION - DUAL	
3029		IMAGE MGT SYSTEM, NUCLEAR MEDICINE	
3030		COMPUTER, IMAGE PROCESSING (For Gamma Camera)	N,X
3031	6525	COMPUTER, THERAPY PLANNING	X
3040	6525	COOLER/HEATER, X-RAY FILM PROCESS APPARATUS, AUTO	
3050	6525	COUNTER, GAMMA AUTO (For nuclear medicine, IDC 3632 is for lab use)	N,P
3060	6665	DETECTOR, SCINTILLATION	N,P
3062		DETECTOR SCINTILLATION 2 CHAN	
3081	6525	DIGITIZER, RADIATION THERAPY	P
3082	6525	DIGITIZER, RADIOGRAPHIC IMAGE	
3083	6525	DIGITAL SUBTRACTION ANGIOGRAPHY SYSTEM (C-Arm system is IDC 3225)	H,M,P,R,X
3084	6525	DIGITAL SUBTRACTION ANGIOGRAPHY UPGRADE	P,R,X
3086	6525	FILM TRANSPORT SYSTEM	X
3090	6525	INJECTOR, AUTO	
3095	6525	LOADER, FILM, PHOTOGRAPHIC DAY LIGHT	
3096	6525	MAGNETIC RESONANCE IMAGING SYSTEM (Specify field strength & whether dedicated extremity sys)	M,P,X
3100	6525	MONITOR, CLOSED-CIRCUIT TV	
3111	6525	POSITRON EMISSION TOMOGRAPHY SCANNER	M,P,X
3115	6525	PROBE, SCINTILLATION	P
3120	6525	PROCESSING MACHINE, PHOTOGRAPHIC FILM	
3132		X-RAY APPARATUS, MAMMOGRAPHY, DIGITAL SPOT STEREO TACTIC BIOPSY ATTACHMENT	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		3000-3499 DIAGNOSTIC IMAGING/RADIATION THERAPY (Continued)	
3133	6525	PROCESSING UNIT X-RAY FILM	
3134	6525	PROCESSING UNIT, X-RAY FILM, TABLETOP	
3135	6525	PROCESSING UNIT, X-RAY FILM (includes Dry laser imagers)	
3148	6525	RECORDER, VIDEO TAPE (Radiology use only)	
3150	6525	RADIONUCLITIDE IMAGING SYSTEM	G,N,P,X
3152	6525	SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT)	N,P,X
3153		SCANNER, ULTRASOUND SYSTEM, NON-DIAGNOSTIC	
3155	6525	SCANNER, RECTILINEAR (Specify Single or Dual Photon)	N,P,X
3156		SCANNER, ULTRASOUND SYSTEM, ECHO-CARDIO	
3157	6525	SCANNER, DIAGNOSTIC ULTRASOUND	I,R,X
3158		SCANNER, ULTRASOUND SYSTEM, OB-GYN	
3159		IMAGE MGT SYSTEM, ECHO-CARDIO ULTRASOUND	
3160	6525	SILVER RECOVERY UNIT, FILM PROCESS	M
3170	6525	STEREOSCOPE X-RAY FILM MOUNTED	
3175	6525	SIMULATOR, RADIATION THERAPY	N,P
3180		SYNCHRONIZER PHYSIOLOGICAL	
3183	6525	TABLE, RADIOGRAPHIC	H,X
3185	6525	TANK, MASTER, X-RAY FILM PROCESS	
3188	6525	COMPUTED RADIOGRAPHY SYSTEM	M,X
3189	6525	DIRECT DIGITL RADIOGRAPHY SYSTEM	M,X
3190	6525	TELERADIOLOGY SYSTEM	M,X
3191		READER, COMPUTED RADIOGRAPHY	
3192	6525	PICTURE ARCHIVING & COMMUNICATION SYSTEM (PACS)	M,X
3193		WORKSTATION, COMPUTED RADIOGRAPHY	
3194	6525	THERAPY UNIT, RADIATION, COBALT	M,N,P,X
3197	6525	TUBEHEAD, X-RAY APPARATUS	O
3198	6525	TUBE, X-RAY APPARATUS	O
3200	6525	VIEWER, X-RAY FILM, AUTOMATIC	
3215	6525	WELL COUNTER	
3220	6525	X-RAY APPARATUS, RADIO PORTABLE (Up to 20 mA, specify mA)	H,P
3222		X-RAY APPAR SE RADIO PORT 15MA MED	
3223		X-RAY APPAR, R/F PORT 50 MA	
3224		X-RAY APPARATUS, RADIO/FLUORO, MOBILE C-ARM	H,P,R,X
3225	6525	X-RAY APPARATUS, RAD/FLUOR, MOBILE C-ARM W/DIGIT SUB	H,P,R,X
3226		X-RAY APPARATUS, FLUOROSCOPY, MULTI-PURPOSE FIXED C-ARM CONFIGURATION (NOT ANGIO SYSTEM)	
3229		IMAGE MGT SYSTEM, CARDIOLOGY	
3230	6525	X-RAY APPARATUS, MAMMOGRAPHY	H,M,P,X
3231		X-RAY APPAR MAMMOGRAPHY, STEREO TACTIC BIOPSY TABLE	
3232		MAMMOGRAPHY, COMPUTER-AIDED DETECTION	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		3000-3499 DIAGNOSTIC IMAGING/RADIATION THERAPY (Continued)	
3233		X-RAY APPAR, MAMMOGRAPHY, DIGITAL	
3235	6525	X-RAY APPARATUS, PHOTOFLUORO	H,M,P,X
3236	6525	X-RAY APPARATUS, CARDIAC CATH LAB, SINGLE PLANE	H,M,P,X
3237	6525	X-RAY APPARATUS, CARDIAC CATH LAB, BI-PLANE	H,M,P,X
3238		X-RAY APPAR, ANGIOGRAPHY, SINGLE PLANE	
3239		X-RAY APPAR RADIO 350MA	
3240		X-RAY APPAR RADIO 200MA	
3241	6525	X-RAY APPARATUS, RADIO (Specify mA up to 500 mA)	H,M,P,X
3242		X-RAY APPAR RADIO 500MA	
3243		X-RAY APPAR RADIO 600MA	
3244		X-RAY APPAR RADIO 700MA	
3245		X-RAY APPAR RADIO 800MA	
3246	6525	X-RAY APPARATUS, RADIO (Specify mA above 500 mA and if unit has tomographic capability)	H,M,P,X
3247		X-RAY APPAR RADIO 1200MA	
3250		X-RAY APPAR RADIO/FLUORO 100MA	
3251		X-RAY APPAR RADIO/FLUORO 200MA	
3252	6525	X-RAY APPARATUS, RADIO/FLUORO (Specify mA up to 500 mA)	H,M,P,X
3253		X-RAY APPAR RADIO/FLUORO 500 MA	
3254		X-RAY APPAR RADIO/FLUORO 600MA	
3255		X-RAY APPAR RADIO/FLUORO 700MA	
3256		X-RAY APPAR RADIO/FLUORO 800MA	
3257	6525	X-RAY APPARATUS, RADIO/FLUORO (Specify mA above 500 mA, and if unit has tomographic capability)	H,M,P,X
3258		X-RAY APPAR RADIO/FLUORO 1200MA	
3260		X-RAY APPAR RADIO MOBILE 50MA	
3261	6525	X-RAY APPARATUS, RADIO MOBILE (Specify mA up to 299 mA)	H,M,P,X
3262		X-RAY APPAR RADIO MOBIL 200MA	
3264	6525	X-RAY APPARATUS, RADIO MOBILE (Specify mA above 299 mA)	H,M,P,X
3265	6525	SCANNER, COMPUTED TOMOGRAPHY, COMPUTED	C,M,P,X
3266	6525	SCANNER, COMPUTED TOMOGRAPHY, HEAD UNIT	C,M,P,X
3267		X-RAY APPAR, TOMO, NON-COMPUTERIZED	
3268	6525	SCANNER, COMPUTED TOMOGRAPHY, MOBILE	C,P,X
3269		POSITRON EMISSION COMPUTED TOMOGRAP	
3270	6525	X-RAY APPARATUS, UROLOGICAL	H,M,P,X
3272	6525	TABLE, RADIO, UROLOGICAL (With or w/out Image Intensifier)	H,X
3280	6525	X-RAY APPARATUS, THERAPEUTIC GRENTZ RAY	M,N,P,X
3288	6525	LINEAR ACCELERATOR THERAPEUTIC	M,N,P,X
3289		X-RAY IMAGE INTENSIFIER	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		3500-3999 LABORATORY SCIENCE	
3500		LABORATORY SCIENCE ITEM	G
3505	6630	ANALYZER, BLOOD GAS, SEMI-AUTOMATIC	
3506	6630	ANALYZER, BLOOD GAS, AUTOMATIC	
3507	6630	ANALYZER, BLOOD GAS, W/DATA MANAGEMENT	
3510	6630	ANALYZER, BUN	
3512	6630	ANALYZER, BACT4RIA DETECTION	
3515	6630	ANALYZER, CALCIUM	
3520	6640	ANALYZER, CLINICAL AUTO	
3523	6640	ANALYZER, DRUG IDENTIFICATION (See also IDCs 3601-3604)	
3524	6630	ANALYZER, ELECTROLYTE	
3525	6630	ANALYZER, ENZYME	
3527	6630	ENZYME IMMUNOASSAY SYSTEM	
3530	4910	ANALYZER, GAS	
3535	6630	ANALYZER, CLUCOSE	
3538	6630	ANALYZER, LABORATORY	
3540	6630	ANALYZER, NITROGEN	
3550	6515	ANALYZER, OXYGEN	
3555	6630	ANALYZER, OZONE	
3565	6630	ANTIBACTERIAL SYSTEM	
3568	6630	BALANCE AND SCALE, DIGITAL	
3570		BATH PARRIFIN LAB	
3572	6640	BATH, WATER, ELECTRIC	
3575		BILIRUBINOMETER	
3585		CABINET CONSTANT TEMP BIOLOGICAL	
3590	6640	CHAIR, BLOOD, COLLECTING	
3594	6640	ULTRACENTRIFUGE (Operating at or above 6000 RPM)	
3595	6640	CENTRIFUGE, LABORATORY, SMALL	
3596	6640	CENTRIFUGE, REFRIGERATED	
3597	6640	CENTRIFUGE, LABORATORY, BENCH TOP	
3598		CENTRIFUGE LABORATORY SIZE 3	
3599	6640	CENTRIFUGE, LABORATORY, FLOOR TYPE	
3600		CENTRIFUGE SLIDE STAINER	
3601	6630	GAS, CHROMATOGRAPH	
3602	6630	GAS, CHROMATOGRAPH/MASS SPECTROMETER (Sometimes called GCMS, see also IDC 3807)	
3603	6630	GAS/LIQUID CHROMATOGRAPH (Sometimes called GLC)	
3604	6630	LIQUID CHROMATOGRAPH (Sometimes called HPLC)	
3610		COLORIMETER COMPARATIVE	
3623		CONTROLLER AUTOANALYZER	
3625		COAGULYZER AUOT	
3632 3635		COUNTER, GAMMA RADIOIMMUNOASSAY (IDC 3050 is for nuclear medicine) COUNTER MICROSCOPIC PARTICLE	P
3636	6640	COUNTER, BLOOD CELL (4-7 parameters)	
3637	6640	COUNTER, BLOOD CELL (8 parameters)	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		3500-3999 LABORATORY SCIENCE (Continued)	
3638	6640	HEMATOLOGY ANALYZER (16 or more parameters)	
3642	4610	DEMINERALIZER, WATER	
3643	6760	DESNITOMETER, ELECTROPHORESIS	
3645		DERMATOME	
3647		DETECTOR IMMUNOELECTROPHORESIS	
3650	6630	DILUTER, AUTO	
3655	6640	DISTILLING APPARATUS, LAB	
3657	6640	EMBEDDING MACHINE, TISSUE	
3659		ELECTROPHORESIS DENSITOMETER	
3660	6530	ERGOMETER (Should be received by Physical Medicine consultant)	
3662		EVAPORATOR, VACUUM, AUTO CONTROL	
3664	6640	FLOW CELL CYTOMETER (Note P applies if the unit uses a laser)	
3665		FLUORONEPHELOMETER	
3670	6640	FREEZER, CELL (For preservation of cells, used in cytology and tissue studies)	
3671	4110	FREEZER, PLASMA, UPRIGHT (To -85 C)	
3672	4110	FREEZER, PLASMA, CHEST-TYPE (To -85 C)	
3673	4110	FREEZER, ULTRA-LOW TEMP, CHEST-TYPE (Below -85 C)	
3674	4110	FREEZER, ULTRA-LOW TEMP, UPRIGHT (Below -85 C)	
3675		GENERATOR HYDROGEN	
3676		FREEZER, ULTRA-LOW TEMP, HIGH CAP	
3679	6640	HOOD, SAFETY FUME, LAB	
3682		HEMOGLOBINOMETER	
3683		INCINERATOR	
3684	6640	INCUBATOR, MECHANICAL BIOLOGICAL	
3685	6640	HOOD, SAFETY, BACTERIOLOGICAL	
3687		INCUBATOR BACTERIOLOGICAL	
3688	6640	INCUBATOR, BLOOD CULTURE, RECIPROCATING ACTION	
3690		LASER, LABORATORY (See other lasers at IDC 1239, 5600, and 8026)	P
3701	6640	MICROSCOPE, ELECTRON	
3702	6650	MICROSCOPE, SPECIAL PURPOSE (State purpose)	
3703	6650	MICROSCOPE, OPTICAL (Specify number of viewing positions and whether bright, fluorescent or phase contrast)	
3705		MICROSCOPE LAB DUAL VIEW	
3706		MICROSCOPE OPTICAL MULTIVIEW	
3710	6640	MICROTOME	
3715	6640	MIXER, LAB	
3717		NEPHELOMETER LASER	
3720	6630	OSMOMETER, SYSTEM	
3725	6640	OVEN, LABORATORY	
3730	6650	PHOTOMETER, FLAME	
3735	6640	PIPETTE, AUTO	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		3500-3999 LABORATORY SCIENCE (Continued)	
3739	6640	PROCESSOR, BLOOD PHORESIS	
3740	6640	PROCESSOR, TISSUE, AUTO LAB	
3745		PROGRAMMER CELL	
3755		PULMO-DIGITIZER	
3765		RECORDER	
3767		REFRIGERATOR MECH CENTRIFUGE	
3769	4110	REFRIGERATOR, BLOOD BANK	M
3770	4110	REFRIGERATOR, MECH BIOLOGICAL W/ALARM	
3771	4110	REFRIGERATOR, MECH COMMERCIAL, LAB-TYPE W/O ALARM	
3772	4110	REFRIGERATOR, MECH MORTUARY	M
3773	6640	ROTOR, CENTRIFUGE LABORATORY, REFRIGERATED	
3774		ROBOTICS, LAB/PATHOLOGY SYSTEM	
3775	6640	SAMPLER, AUTO	
3790	6640	SHAKING MACHINE, LAB	
3795		SHARPENER, MICROTOME	
3805		SPECTROFLUOROMETER	
3807	6640	SPECTROMETER (Formerly IDC 5679, see also IDC 3602)	
3810		SPECTROPHOTOMETER	
3815	6640	STAINER, SLIDE, AUTO CYTOLOGY	
3816	6640	STAINER, SLIDE, AUTO HEMATOLOGY	
3820	6530	TABLE, AUTOPSY	
3822		TESTER, BLOOD CULTURE, BODY FLUIDS	
3825		THYROID UPTAKE SYSTEM	
3830	6630	TITRATOR	
3840	6640	WASHER, CELL, AUTO HEMATOLOGIC DIFFERENTIAL	
3841	6640	WASHER, CELL, AUTO (Other than IDC 3840)	
3850	6640	WASHING MACHINE, GLASSWARE LAB	
3875		WELL SCINTILLATION DETECTOR	
		4000-4499 NURSING	
4000		NURSING ITEM	G
4003	6530	AERATOR, GAS (Formerly IDC 1112)	
4005	6530	BASSINET/DRESSING TABLE, COMBO HOSP	
4015	6530	BED, FRACTURE CIRCULAR	
4010	6530	BASSINET, WARMING	
4014		BED FRACTURE	
4015		BED FRACTURE CIRCULAR	
4017	6530	TABLE, EMERGENCY, TRANSPORT/TREAT	
4018	6530	TRANSPORTER, PATIENT	
4020	6530	BED, ADJUSTABLE, MANUAL OR ELECTRIC (State which)	
4021	6530	BED, AIR SUPPORT	
4025	6530	BED, ORTHOPEDIC, TURNING FRAME	
4030	6530	BED/STRETCHER, COMBO INTENSIVE CARE	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		4000-4499 NURSING (Continued)	
4035		CABINET, MEDICINE, COMBINATION	
4040	6530	CABINET, SOLUTION WARMING	
4043	6530	HEADWALL SYSTEM	
4045		CLEANER, ULTRASONIC (Use IDC 2550 for dental)	
4055	6530	INCUBATOR, INFANT	
4060	6530	INCUBATOR, INFANT TRANSPORT	
4070		MONITOR, TEMPERATURE	
4072	5830	NURSE CALL SYSTEM	M
4075	6515	PUMP, INFUSION	
4077	6530	SCALE, WEIGHING, PATIENT BED	
4078	6910	SKELETON, HUMAN ADULT	
4080		STERILIZER ELEC 16X24	
4082		STERILIZER ELEC 20X36	
4084		STERILIZER ELEC 16X16X24	
4086		STERILIZER ELEC 20X20X36	
4088		STERILIZER ELEC 6 1/2X12	
4090		STERILIZER ELEC 5X6 1/2X 111/2	
4092		STERILIZER ELEC 16X36	
4094		STERILIZER ELEC 7 1/2X14 ½	
4096		STERILIZER ELEC 24X36X36	
4100	6530	STERILIZER, GAS (Specify type of gas and chamber size)	M
4110	6530	STERILIZER, STEAM (Supplied by steam line, specify chamber size)	G,M
4111	6530	STERILIZER, STEAM (With electrically heated boiler, specify chamber size)	G,M
4112	6530	STERILIZER, STEAM 16X16X26 (Supplied by steam line)	M
4113	6530	STERILIZER, STEAM 16X16X26 (With electrically heated boiler)	M
4114	6530	STERILIZER, STEAM 24X24X36 (Supplied by steam line)	M
4115	6530	STERILIZER, STEAM 24X24X36 (With electrically heated boiler	M
4116	6530	STERILIZER, STEAM 24X36X48 (Supplied by steam line)	M
4117	6530	STERILIZER, STEAM 24X36X48 (With electrically heated boiler)	M
4118	6530	STERILIZER, STEAM 20X20X48 (Supplied by steam line)	M
4119	6530	STERILIZER, STEAM 20X20X38 (With electrically heated boiler)	M
4120		STERILIZER, PLASMA	
4124		STERILIZER (SPECIFY CHAMBER SIZE)	
4125		STERILIZER STEAM	
4126		STERILIZER STEAM 24X24X36	
4127		STERILIZER STEAM 24X36X48	
4128		STERILIZER STEAM 20X20X38	
4129	6530	STERILIZER, ULTRAVIOLET	M
4150	6515	SUCTION APPARATUS	
4160	6515	SUCTION, PRESSURE APPARATUS	
4165	6530	WASHER, CART	M

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		4000-4499 NURSING (Continued)	
4170	6530	WASHER, BEDPAN/URINAL	
4175	6530	WASHER-STERILIZER, SURGICAL INSTRUMENT (Specify chamber size)	M
		4500-4999 OBSTETRICS/GYNECOLOGY	
4500		OBSTETRICS/GYNECOLOGY ITEM	G
4505		ASPIRATOR UTERINE EVACUATOR	
4515	6530	BED, BIRTHING	
4525	6515	COLPOSCOPE	
4550	6515	CYSTOMETER	
4575		DILATOR/SUCTION APPAR UTERINE EVAC	
4625		INSUFFLATOR UTEROTUBAL	
4650	6515	MONITOR, FETAL HEART	
4700	6530	TABLE OB/GYN, EXAM	
4725		TABLE OB/GYN EXAM TREATMENT	
		5000-5499 PHYSICAL THERAPY	
5000		PHYSICAL THERAPY ITEM	G
5005	6530	PARALLEL BARS, THERAPY FIXED – USE IDC 5008-5010	
5008	6530	PARALLEL BARS, MANUAL	
5009	6530	PARALLEL BARS, ELECTRIC	
5010	6530	PARALLEL BARS, THERAPY PORTABLE	
5025	6530	BATH, PARAFFIN, PHYS THERAPY	
5035	6530	TRACTION APPARATUS, PHYS THERAPY	
5050	6530	BATH, WHIRLPOOL, ARM	
5052	6530	DIATHERMY APPARATUS	
5054	6530	BATH, WHIRLPOOL, LEG	
5055	6530	BATH, WHIRLPOOL, HIP AND LOWER EXT	
5056	6530	BATH, WHIRLPOOL - HUBBARD	
5057	6530	BATH, WHIRLPOOL - PORTABLE	
5060	6530	CART, WEIGHTS, DISKS	
5061	6530	CART, WEIGHTS, DUMBBELLS	
5062	6530	CART, WEIGHTS, STRAPS	
5065	6530	CHAIR, TRACTION	
5066	6530	CHAIR, WHIRLPOOL	
5067	6530	CHAIR, WHIRLPOOL, MOBILE	
5075	6530	PUMP, EXTREMITY, INTERMIT COMPR	
5076	6530	PUMP, EXTREMITY, COLD COMPR	
5077	6530	PUMP, EXTREMITY, SEQUENT COMPR	
5080	6530	STAIRS, PORTABLE	
5100	6530	DIATHERMY, SHORTWAVE, THERAPEUTIC	
5125	6515	ELECTROMYOGRAPH SPECIFY DIAG/THERAP	
5150	6530	EXERCISE UNIT, ISOKINETIC	
5151	6530	EXER UNIT, ISOKINETIC EXTREMITY	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		5000-5499 PHYSICAL THERAPY (Continued)	
5152	6530	EXER UNIT, ISOKINETIC, W/SPINAL	
5153	6530	EXER UNIT, ARM ERGOMETER	
5154	6530	EXER UNIT, BACK, EVAL, THERAPY	
5155	6530	EXER UNIT, BOARD, VESTIBULAR	
5156	6530	EXER UNIT, CLOSED CHAIN	
5157	6530	EXER UNIT, CONT PASSIVE MOTION	
5158	6530	EXER UNIT, EVAL/THERAPY	
5159	6530	EXER UNIT, FINGER LADDER	
5160	6530	EXER UNIT, LEG ERGOMETER	
5161	6530	EXER UNIT, PRE	
5162	6530	EXER UNIT, PROPRIOCEPTIVE, ELEC	
5163	6530	EXER UNIT, PROPRIOCEPTIVE, MANL	
5164	6530	EXER UNIT, ROWING	
5165	6530	EXER UNIT, SHOULDER WHEEL	
5166	6530	EXER UNIT, SKIING	
5167	6530	EXER UNIT, STAIR STEPPER	
5168	6530	EXER UNIT, TREADMILL	
5169	6530	EXER UNIT, TREADMILL-UNDERWATER	
5170	6530	EXER UNIT, WALL PULLEY SYSTEM	
5175	6515	STIMULATOR, ELEC MUSCLE	
5176	6515	STIMULATOR ELEC, ALT CURRENT	
5177	6515	STIMULATOR ELEC, DIRECT CURRENT	
5178	6515	STIMULATOR ELEC, INTERFERENTIAL	
5179	6515	STIMULATOR ELEC, IONTOPHORESIS	
5180	6515	STIMULATOR ELEC, PULSED CURRENT	
5181	6515	STIMULATOR ELEC, TRANS NERVE	
5182	6515	STIMULATOR ELEC, MUSCLE	
5185	6515	MIRROR, MOBILE, MULTI SECTION	
5186	6515	MIRROR, MOBILE, SINGLE	
5190	6515	MODEL, SKELETON	
5191	6515	MODEL, SPECIFY-BODY PART	
5195	6515	PATIENT LIFT, SPECIFY ELEC OR MANL	
5200	6530	TABLE, EXERCISER PHYS THERAPY	
5201	6530	TABLE, PLINTH, ELECTRIC	
5202	6530	TABLE, EXERCISER PHYS THERAPY	
5203	6530	TABLE, PLINTH, FIXED HEIGHT	
5204	6530	TABLE, PLINTH, MANIPULATION	
5205	6530	TABLE, PLINTH, PORTABLE	
5206	6530	TABLE, PLINTH, TRACTION	
5207	6530	TABLE, HAND THERAPY	
5208	6530	TABLE, MAT, EXERCISE, ADJUSTABLE	
5209	6530	TABLE, MAT, EXERCISE, FIXED HEIGHT	
5210	6530	TABLE, MAT, EXERCISE, FOLDING	
5225		TABLE TILT MAN	
5230	6530	TESTER, ARTHROMETER, KNEE LIGAMENT	
5231	6530	TESTER, HAND GRIP, DYNAMOMETER	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		5000-5499 PHYSICAL THERAPY (Continued)	
5232	6530	TESTER, INCLINOMETER	
5233	6530	TESTER, KIT, JOINT GONIOMETER	
5234	6530	TESTER, KIT, SKIN SENSITIVITY	
5235	6530	TESTER, MUSCLE, MANUAL	
5236	6530	TESTER, PINCH GRIP, DYNAMOMETER	
5237	6530	TESTER, SKINFOLD CALIPER	
5238	6530	TESTER, VOLUMETER, ARM	
5239	6530	TESTER, VOLUMETER, FOOT	
5240	6530	TESTER, VOLUMETER, FOREARM	
5241	6530	TESTER, VOLUMETER, HAND	
5250	6530	ULTRASONIC APPARATUS, PHYS THERAPY	
		5500-5999 PREVENTIVE MEDICINE	
5500		PREVENTIVE MEDICINE ITEM	G
5520	6640	ANALYZER, CLINICAL BIOCHROMATIC	
5535	6625	ANALYZER, SOUND	
5550		ANALYZER, TRACE METALS	G
5551		ANALYZER, AMBIENT AIR, PORTABLE	
5565		CONTROL UNIT BULK OXYGEN	
5570		COUNTER, BETA PORTABLE	
5573		COMPACTOR, TRASH	
5583	4540	INCINERATOR, INFECTIOUS WASTE	M
5584		INCINERATOR, PATHOLOGICAL WASTE (See also IDC 6625)	M
5585		INFECTIOUS WASTE DISPOSAL SYSTEM (System shreds, sterilizes and packages the waste)	M
5600		LASER (See also IDC 1239, 3690 and 8026)	G,P
5610		LIQUID SCINTILLATION SYSTEM	
5620		METER EXPOSURE/EXPOSURE RATE	
5630	6625	METER, SOUND LEVEL	
5650		NOISE CLASSIFIER	
5660		OSCILLOSCOPE RECORDING DUAL TRACE	
5670		OSCILLOSCOPE GEN PURPOSE	
5679		SPECTROMETER	
5680		SPECTROMETER ALPHA	
5682	6530	STERILIZER, INFECTIONS WASTE	M
5685		WATTS METER ULTRASONIC	
5687		TANK, STORAGE, OXYGEN	
5690		X-RAY APPAR RADIO INDUST 5MA	
		6000-6499 PHARMACY	
6000		PHARMACY ITEM	G
6005	6670	BALANCE, ANALYTICAL	
6025		COUNTER, PILL AND TABLET	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		6000-6499 PHARMACY (Continued)	
6050		FILTER/TANK UNIT PHARM PROCESS	
6075		HOOD, LAMINAR FLOW	
6100		MIXER TANK MASTER FILTER PHARM PROD	
6125		PACKAGER, CAPSULE AND TABLET	
6126		PHARMACY PILL DISPENSING ROBOTICS SYSTEM	
6130		PACKAGING MACHINE UNIT DOSE LIQ	
6150		PUMP AND FILLER PRESCRIP	
6155	3540	SEALING MACHINE ELECTRIC, UNIT DOSE	
6200		PHARMACY ROBOTICS	
6270	4110	REFRIGERATION, PHARMACEUTICAL W/ALARM	
		6500-6999 VETERINARY MEDICINE	
6500		VETERINARY MEDICINE ITEM	G
6550	6515	ANESTHESIA APPARATUS VETERINARY	
6585	3770	CAGE, ANIMAL	
6600		FROZEN FOOD MECH REFRIG	
6625	4540	INCINERATOR, VETERINARY PATHOLOGY (See also IDC 5584)	
6650	6515	ULTRASONIC PROPHYLAXIS UNIT, VETERINARY	
6675		STERILIZER STEAM VET	
6680	6525	X-RAY APPARATUS, VETERINARY	P,X
6700	6530	TABLE, OPERATING, VETERINARY	
		7000-7499 NUTRITION CARE	
7000		NUTRITION CARE ITEM	G,Y
7210	4110	ICE MAKER	Y
7221	4110	REFRIGERATOR, MECH COMM	Y
		7500-7999 OPTICAL FABRICATION	
7500	6540	OPTICAL FABRICATION ITEM	G
7510		BLOCKING UNIT OPHTHAL LENS	
7530	6540	CHEMICAL TEMPERING UNIT, OPHTHAL LENS	
7550	6540	CUTTING MACHINE, OPHTHAL LENS	
7570		DEBLOCKER OPHTHAL LENS	
7590		EDGER HAND OPHTHAL LENS	
7600	6540	EDGING MACHINE, OPHTHAL LENS	
7620	6540	GENERATOR, OPHTHAL LENS	
7630		HEAT TREATING UNIT OPHTHAL LENS	
7660	6540	POLISHING MACHINE, OPHTHAL LENS	
7690	6540	SURFACER, OPHTHAL LENS, AUTO	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE – IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		8000-8499 OPHTHALMOLOGY/OPTOMETRY	
8000		OPTHALMOLOGY/OPTOMETRY ITEM	G
8010	6540	CHAIR, PHOROPTER (Without the PHOROPTER or stand)	
8020	6540	CHAIR AND STAND UNIT, PHOROPTER (Without the PHOROPTER)	
8023	6540	KERATOMETER	
8026		LASER, PHOTOCOAGULATION, OPHTHALMOLOGICAL	P
8030	6540	LIGHT, SLIT OPHTHALMOLOGICAL	
8031	6540	LIGHT, SLIT WITH APPLANATION TONOMETER	
8040		MAGNET EYE ELECTRIC	
8050	6540	PERIMETER, OPHTHALMOLOGICAL	
8051	6540	PERMIETER, OPHTHALMOLOGICAL, AUTOMATED	U
8060	6540	PHOROPTER (Without the chair or stand)	
8070		PHOROPTER UNIT WITH STAND AND CHAIR	
8073	6540	PROJECTOR, OPHTHALMOLOGICA, ACUITY TEST	
8075	6540	RADIUSCOPE	
8080	6540	REFRACT9R	
8090	6525	SCANNNER, ULTRASOUND OPHTHALMOLOGICAL (See IDC 3157)	
8100	6540	STAND, PHOROPTER (Without the PHOROPTER or chair)	
8030	6540	LIGHT, SLIT OPHTHALMOLOGICAL	
8031	6540	LIGHT, SLIT WITH APPLANATION TONOMETER	
8040		MAGNET EYE ELECTRIC	
8050	6540	PERIMETER, OPHTHALMOLOGICAL	
8051	6540	PERMIETER, OPHTHALMOLOGICAL, AUTOMATED	U
8060	6540	PHOROPTER (Without the chair or stand)	
8070		PHOROPTER UNIT WITH STAND AND CHAIR	
8073	6540	PROJECTOR, OPHTHALMOLOGICA, ACUITY TEST	
8075	6540	RADIUSCOPE	
8080	6540	REFRACT9R	
8090	6525	SCANNNER, ULTRASOUND OPHTHALMOLOGICAL (See IDC 3157)	
8100	6540	STAND, PHOROPTER (Without the PHOROPTER or chair)	
8110	6540	STEROSCOPE, VISION TESTING	
8115	6540	TONOMETER OPHTHALMOLOGICAL (See IDC 8031)	
8125	6540	LENS MEASURING INST, OPHTHALMOLOGICAL	
		9000-9999 ADMINISTRATIVE/NON-MEDICAL ITEMS	
9500		PRODUCTION ENGINEERING COSTS	
9999		NON-MEDCASE ITEM	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
ACOUSTIC METER, COMPLIANCE	1111	6515	
ADAPTER (TMDE)	0251		
ADAPTER CLOS OPE-GASTROSCOPE	0504		
ADMINISTRATIVE ITEM	0000		G
AERATOR, GAS (Formerly IDC 1112)	4003	6530	
AMBULATORY CARE ITEM	2000		G
AMMETER A (TMDE)	0252		
AMPLIFER (TMDE)	0256		
AMPLIFIER FOUR TRACE (TMDE)	0262		
ANALGESIA MACH, DENTAL	2515	6520	
ANALYZER, AMBIENT AIR, PORTABLE	5551		
ANALYZER, BACTERIA DETECTION	3512	6630	
ANALYZER, BLOOD GAS, SEMI-AUTOMATIC	3505	6630	
ANALYZER, BLOOD GAS, AUTOMATIC	3506	6630	
ANALYZER, BLOOD GAS, W/DATA MANAGEMENT	3507	6630	
ANALYZER, BUN	3510	6630	
ANALYZER, CALCIUM	3515	6630	
ANALYZER CAP (TMDE)	0272		
ANALYZER CARDIAC OUTPUT	0513		
ANALYZER, CLINICAL AUTO (IDC reserved for future use)	3520	6640	
ANALYZER, CLINICAL AUTO	3521	6640	
ANALYZER, CLINICAL BIOCHROMATIC	5520	6640	
ANALYZER DISTORTION (TMDE)	0274		
ANALYZER, DRUG IDENTIFICATION (See also IDCs 3601-36040)	3523	6640	
ANALYZER, ELECTROLYTE	3524	6630	
ANALYZER, ENZYME	3525	6630	
ANALYZER, GAS	3530	4910	
ANALYZER, GLUCOSE	3535	6630	
ANALYZER, HEARING AID	1105	6515	
ANALYZER, LABORATORY	3538	6630	
ANALYZER, NITROGEN	3540	6630	
ANALYZER, OXYGEN	3550	6515	
ANALYZER, OZONE	3555	6630	
ANALYZER, SOUND	5535	6625	
ANALYZER, TRACE METALS	5550		G
ANESTHESIA APPARATUS (IDC reserved for future use)	1108	6515	
ANESTHESIA APPARATUS (IDC reserved for future use)	1109	6515	
ANESTHESIA APPARATUS	1110	6515	
ANESTHESIA APPARATUS VETERINARY	6550	6515	
ANTIBACTERIAL SYSTEM	3565	6630	
ARTHROSCOPE	1113	6515	
ARTICULATOR DENTAL	2525		
ASPIRATOR UTERINE EVACUATOR	4505		
AUDIOLOGY, ITEM	1100		G
AUDIOMETER, AUTO OR MANUAL PORTABLE	1114	6515	
AUDIOMETER, DIAGNOSTIC	1115	6515	
AUDIOMETER, SCREENING (Specify number of channels)	1118	6515	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
AUDIOMETER, SCREENING 1 CHANNEL	1116	6515	
AUSCULTATION SYS	0530		
AUTOMATIC DATA PROCESSING EQUIPMENT	0100		A,G,T
BALANCE AND SCALE, DIGITAL	3568	6630	
BALANCE, ANALYTICAL	6005	6670	
BASE, OPERATIONS (BASOPS) ITEM (Formerly IDC 0001)	0200		G,T
BASSINET, WARMING	4010	6530	
BASSINET/DRESSING TABLE, COMBO HOSP	4005	6530	
BATH, PARAFFIN, PHYS THERAPY	5025	6530	
BATH, WATER, ELECTRIC	3572	6640	
BAH, WHIRLPOOL (Specify whole body)	5052	6530	
BATH, WHIRLPOOL, ARM	5050	6530	
BATH, WHIRLPOOL, HIP AND LOWER EXT	5055	6530	
BATH, WHIRLPOOL, HUBBARD	5056	6530	
BATH, WHIRLPOOL, LEG	5054	6530	
BATH, WHIRLPOOL, PORTABLE	5057	6530	
BED, ADJUSTABLE, MANUAL OR ELECTRIC (State which)	4020	6530	
BED AIR SUPPORT	4021	6530	
BED, BIRTHING	4515	6530	
BED, FRACTURE	4014		
BED, FRACTURE, CIRCULAR	4015	6530	
BED, ORTHOPEDIC, TURNING FRAME	4025	6530	
BED/STRETCHER, COMBO INTESNIVE CARE	4030	6530	
BILIRUBINOMETER	3575		
BIOFEEDBACK SYSTEM	1510	6515	
BLAST CLEARNING CABINET	2670	6520	M
BLOCKING UNIT OPHTHAL LENS	7510		
BLOOD CELL WASHING SYSTEM	3841		
BOOTH, AUDIOMETRIC EXAM (Specify number of compartments)	1131	6515	
BRONCHOFIBERSCOPE, BIOPSY	1135	6515	
BRONCHOSCOPE	0543	6515	
CABINET, CASSETTE TRANSFER	3005	6525	
CABINET CONSTANT TEM BIOLOGICAL	3585		
CABINET, FLAMMABLE STORAGE	0014		T
CABINET, MEDICINE, COMBINATION	4035	6530	
CABINET, SOLUTION WARMING	4040	6530	
CABINET/SINK, DENTAL	2516	6520	
CAGE, ANIMAL	6585	3770	
CALIBRATOR, ISOTOPE DOSE	3015	6525	N,P
CAMERA UNIT, PHOTO-FJUORO, X-RAY APPARATUS	3022	6525	P
CAMERA, CLOSED-CIRCUIT TV	3020	5820	
CAMERA, FUNDUS FLASH	1150	6515	
CAMERA, GAMMA SCINTILLATION (Specify in nomenclature if unit has SPECT capability)	3021	6525	I,N,P,X
CAMERA, GAMMA SCINTILLATION – DUAL	3028		
CAMERA, GAMMA SCINTILLATION – TRIPL	3027		
CAMERA, MULTI FORMAT	3023	6525	P

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
CAMERA, TELEVISION	0121	5820	D,T,Z
CAMERA, VIDEO, MEDICAL/SURGICAL SCOPT SET	1155	6515	
CARDIOSCOPE	0545		
CART, EMERGENCY EMSS	2020	6530	
CART, UTILITY	2025	6530	
CART, WEIGHTS, DISKS	5060	6530	
CART, WEIGHTS, DUMBBELLS	5061	6530	
CART, WEIGHTS, STRAPS	5062	6530	
CASSETTE CHANGER	3025	6525	
CENTRAL DICTATION SYSTEM	0052		Q,T,U
CENTRIFUGE, LABORATORY, BENCH TOP	3597	6640	
CENTRIFUGE, LABORATORY, FLOOR TYPE	3599	6640	
CENTRIFUGE, LABORATORY, SIZE 3	3598		
CENTRIFUGE, LABORATORY, SMALL	3595	6640	
CENTRIFUGE SLIDE STAINER	3600		
CENTRIFUGE, REFRIGERATED	3596	6640	
CEPHALOMETER	2520		
CHAIR AND STAND UNIT, PHOROPTER (Without the PHOROPTER)	8020	6540	
CHAIR, BLOOD COLLECTING	3590	6640	
CHAIR, DENTAL OPERATING (May be a component of IDC 2647)	2545	6520	
CHAIR, DENTAL X-RAY	2546	6520	
CHAIR, EXAM/TREATMENT SURGICAL	1165	6530	
CHAIR, PHOROPTER (Without the PHOROPTER or stand)	8010	6540	
CHAIR, PODIATRY	1160	6530	
CHAIR, TRACTION	5065	6530	
CHAIR, WHIRLPOOL	5066	6530	
CHAIR, WHIRLPOOL, MOBILE	5067	6530	
CHAMBER, ACOUSTIC	1170	6515	
CHEMICAL TEMPERING UNIT, OPHTHALMIC LENS	7530	6540	
CLEANER, ULTRASONIC (Use IDC 2550 for dental)	4045		
CLEANER, ULTRASONIC DENTAL	2550	6520	
COAGULYZER AUTO	3625	6625	
COLORIMETER COMPARTIVE	3610		
COLPOSCOPE	4525	6515	
COMPACTOR, TRASH	5573		
COMPRESSION UNIT, INTERMIT PRESSURE	5075		
COMPRESSOR/DEHYDRATOR, DENTAL EQUIP	2565	6520	
COMPUTED RADIOGRAPHY SYSTEM	3188	6525	M,X
COMPUTER BLOOD VOLUME	1175		
COMPUTER, IMAGE PROCESSING (For Gamma Camera)	3030		N,X
COMPUTER, THERAPY PLANNING	3031	6525	X
CONTROL UNIT BULK OXYGEN	5565		
CONTROLLER AUTOANALYZER	3623		
CO-OXIMETER	0673	6515	
COOLER/HEATER, X-RAY FILM PROCESS APPARATUS, AUTO	3040	6525	
COPIER ELECTROSTATIC	0200		

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
COPIER ELECTOSTATIC	0160		
COUNTER, BETA PORTABLE	5570		
COUNTER, BLOOD CELL (4-7 parameters)	3636	6640	
COUNTER, BLOOD CELL (8 parameters)	3637	6640	
COUNTER, GAMMA, AUTO (For nuclear medicine, IDC 3632 is for lab use)	3050	6525	N,P
COUNTER, GAMMA RADIOIMMUNOASSAY (IDC 3050 is for nuclear medicine use)	3632	6640	P
COUNTER MICROSCOPIC PARTICLE	3635		
COUNTER, PILL AND TABLET	6025		
CYOSURGICAL SYSTEM	1180	6530	
CUTTING MACHINE, OPHTHAL LENS	7550	6540	
CYSTOMETER (Without monitor)	4550	6515	
DEBLOCKER OPHTHAL LENS	7570		
DEFIBRILLATOR, EMSS (Without monitor)	2040	6515	
DEFIBRILLATOR/ECG MONITOR (also see IDC 2060)	0555	6515	
DEFIBRILLATOR/ECG MONITOR (This IDC reserved for future use)	0556	6515	
DEFIBRILLATOR/ MON, PORTABLE (For ambulance use, see also IDC 0555)	2060	6515	
DEHYDRATOR, COMPRESSOR AIR SYSTEM, DENTAL	2575	6520	
DEMINERALIZER, WATER	3642	4610	
DENSITOMETER, ELECTROPHORESIS	3643	6760	
DENTAL OPERATING SYS (Must include a chair and dental operating unit)	2647	6520	
DENTAL OPERATING UNIT (May be a component of IDC 2647)	2645	6520	M
DENTAL OPERATING UNIT HYGIENIST	2570		
DENTISTRY ITEM	2500		G
DERMATOME	3645		
DETECTOR, FETAL MONITOR	0560	6515	
DETECTOR, SCINTILLATION	3060	6665	N,P
DIAGNOSTIC IMAGING/THERAPEUTIC RADIATION ITEM	3000		G,P
DIALYZER APPARATUS	1200	6515	
DIATHERMY APPARATUS	5100	6530	
DIGITAL SUBTRACTION ANGIOGRAPHY SYSTEM (C-Arm system is IDC 3225)	3083	6525	H,M,P, R,X
DIGITAL SUBTRACTION ANGIOGRAPHY UPGRADE	3084	6525	P,R,X
DIGITIZER, RADIATION THERAPY	3081	6525	P
DIGITIZER, RADIOGRAPHIC IMAGE	3082	6525	
DILUTER, AUTO	3650	6635	
DIRECT DIGITAL RADIOGRAPHY SYSTEM	3189	6525	M,X
DISTILLING APPARATUS, LAG	3655	6640	
DRIER FOR RESPIRATOR THERAPY EQUIPMENT	0562	6530	
DRILL SET, SURGERY	1202	6515	
EDGING MACHINE, OPHTHAL LENS	7600	6540	
ELECTROCARDIOGRAPH SYSTEM 1 CHANNEL	0565	6515	
ELECTROCARDIOGRAPH SYSTEM 3 CHANNEL NON CAPOC	0567	6515	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
ELECTROCARDIOGRAPH SYSTEM MULTI CHANNEL (Specify no. of chan)	0568	6515	
ELECTROCARDIOGRAPH SYS, MULTI CHAN, CAPOC COMPATIBLE	0569	6515	
ELECTROCARDIOGRAPH	0563	6515	
ELECTROCONVULSIVE THERAPY APPARATUS	1520	6515	
ELECTROMYOGRAPH-SPECIFY DIAG/THERAP	5125	6515	
ELECTRONYSTAGOMOGRAPH	0570	6540	
ELECTROSURGICAL APPARATUS	1215	6515	
ELECTROSURGICAL APPARATUS, DENTAL	2590	6515	
EMBEDDING MACHINE, TISSUE	3657	6640	
EMBOSSER, PLASTIC CARD	0003	7490	T
EMBOSSER, PLASTIC SIGN	0016	7490	T
ENDOSCOPE	1535	6515	
ENDOSCOPE TRAINING ATTACHMENT	0572	6515	
ENZYME IMMUNOASSAY SYSTEM	3527	6630	
ERGOMETER (Should be reviewed by Physical Medicine consultant)	3660	6530	
ESOPHAGEAL MOTILITY SYSTEM	0575	6515	
EVACUATOR, ORAL CAVITY, DENTAL	2605	6520	
EVAPORATOR, VACUUM, AUTO CONTROL	3662		
EXER UNIT, ARM ERGOMETER	5153	6530	
EXER UNIT, BACK, EVAL, THERAPY	5154	6530	
EXER UNIT, BOARD, VESTIBULAR	5155	6530	
EXER UNIT, CLOSED CHAIN	5156	6530	
EXER UNIT, CONT PASSIVE MOTION	5157	6530	
EXER UNIT, EVAL/THERAPY	5158	6530	
EXER UNIT, FINGER LADDER	5159	6530	
EXERCISE UNIT, ISOKINETIC	5150	6530	
EXER UNIT, LEG ERGOMETER	5160	6530	
EXER UNIT, PRE	5161	6530	
EXER UNIT, PROPRIOCEPTIVE, ELEC	5162	6530	
EXER UNIT, PROPRIOCEPTIVE, MANL	5163	6530	
EXER UNIT, ROWING	5164	6530	
EXER UNIT, SHOULDER WHEEL	5165	6530	
EXER UNIT, SKIING	5166	6530	
EXER UNIT, STAIR STEPPER	5167	6530	
EXER UNIT, TREADMILL	5168	6530	
EXER UNIT, TREADMILL-UNDERWATER	5169	6530	
EXER UNIT, WALL PULLEY SYSTEM	5170	6530	
FIBERSCOPY	0580	6515	G
FIBERSCOPE, COLON	0585	6515	
FIBERSCOPE, DUODENAL	0590	6515	
FIBERSCOPE, PHOTO UPPER GI	5095	6515	
FILM TRANSPORT SYSTEM	3086	6525	X
FLOW CELL CYTOMETER (Note P applies if the unit uses a laser)	3664	6640	
FLUORONEPHELOMETER	3665		

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
FREEZER, CELL (For preservation of cells used in cytology and tissue studies)	3670	6640	
FREEZER, PLASMA, CHEST-TYPE (To -85 C)	3672	4110	
FREEZER, PLASMA, UPRIGHT (To -85 C)	3671	4110	
FREEZER, ULTRA-LOW TEMP, CHEST-TYPE (Below -85 C)	3673	4110	
FREEZER, ULTRA-LOW TEMP, UPRIGHT (Below -85 C)	3674	4110	
FURNACE, VACUUM, DENTAL	2625	6520	
FURNITURE AND FURNISHING PACKAGE	0005		F
GAS, CHROMATOGRAPH	3601	6630	
GAS, CHROMATOGRAPH/MASS SPECTROMETER (Sometimes called GCMS, see also IDC 3807)	3602	6630	
GAS/LIQUID CHROMATOGRAPH (Sometimes called GLC)	3603	6630	
GASTROSCOPE	1218	6515	
GENERATOR, OPHTHAL LENS	7620	6540	
GRAPHIC ARTS PACKAGE	0006		F
HANDPIECE, BONE SURGICAL	1217	6515	
HEADWALL SYSTEM	4043	6530	
HEATER, DENTAL	2627	6520	
HEMATOLOGY ANALYZER (16 or more parameters)	3638	6640	
HOOD, LAMINAR FLOW	6075		
HOOD, SAFETY FUME, LAB	3679	6640	
HOOD, SAFETY, BACTERIOLOGICAL	3685	6640	
HOSPITAL COMMUNICATIONS SYSTEM (Nurse call system - IC 4072)	0050		G,Q,T
HOSPITAL INTERCOM SYSTEM	0051		Q,T
HUMIDIFIER/VOLUME VENTILATOR	1220	6515	
HYPOBARIC CHAMBER	0603	6530	M
HYPODERMIC INJECTION APPARATUS, JET AUTO	0605	6515	
HYPOTHERMIA APPARATUS, INTRA GASTRIC	1225	6515	
ICE MAKER	7210	4110	Y
IMAGE MGT SYSTEM, CARDIOLOGY			
IMAGE MGT SYSTEM, ECHO-CARDIO ULTRASOUND	3159		
IMAGE MGT SYSTEM, NUCLEAR MEDICINE	3029		
IMPLANT INSTRUMENT SET (Components must be replaced with O&M funds)	1238	6545	
INCINERATOR, INFECTIOUS WASTE	5583	4540	M
INCINERATOR, PATHOLOGICAL WASTE (See also IDC 6625)	5584	4540	M
INCINERATOR, VETERINARY PATHOLOGY (See also IDC 5584)	6625	4540	
INCUBATOR, BLOOD CULTURE, RECIPROCATING ACTION	3688	6640	
INCUBATOR, INFANT	4055	6530	
INCUBATOR, INFANT TRANSPORT, EMSS	2070	6530	
INCUBATOR, INFANT TRANSPORT	4060	6530	
INCUBATOR, MECHANICAL BIOLOGICAL	3684	6640	
INFECTIOUS WASTE DISPOSAL SYSTEM (shreds, sterilizes, and packages the waste)	5585		M
INJECTOR, ANGIOGRAPHIC	0610	6515	
INJECTOR, AUTO	3090	6525	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
INTENSIVE CARE SYSTEM INFANT	0612	6515	
INTENSIVE CARE SYSTEM MED	0615	6515	
INTENSIVE CARE SYSTEM, SURGICAL	1235	6515	
INTERIOR DECORATIVE PLANT PACKAGE	0007		F
INTERIOR SIGN PACKAGE	0008		F
INTRACRANIAL PRESSURE MONITOR	1234	6515	
INTRUSION DETECTION SYSTEM	0055	6350	M,T
KERATOMETER	8023	6543	
KIDNEY MACHINE (Hemodialysis Machine)	0611	6515	
LABORATORY SCIENCE ITEM	3500		G
LAPAROSCOPE, OPERATIVE	1237	6515	
LASER (Also see IDC 1239, 3690 and 8026)	5600		G,P
LASER, LABORATORY (See other lasers at IDC 1239, 1246, 5600 and 8026)	3690		P
LASER, LITHOTRIPSY, IRETERAL	1246	6515	
LASER, PHOTOCOAGULATION, OPHTHALMOLOGICAL	8026		P
LASER, THERAPEUTIC, SURGICAL	1239	6515	P
LENS MEASURING INST. OPHTHALMOLOGICAL	8125	6540	
LIGHT, BILIRUBIN	0614	6515	
LIGHT, DENTAL OPERATING UNIT (May be a component of IDC 2647)	2630	6520	
LIGHT, DENTAL OPERATING, FIBEROPTIC	2635	6520	
LIGHT, SLIT OPHTHALMOLOGICAL	8030	6540	
LIGHT, SLIT WITH APLICATION TONOMETER	8031	6540	
LIGHT, SURGICAL CEILING EMSS	2075	6530	M
LIGHT, SURGICAL STAND	2077	6530	
LIGHT, OPERATING/EXAM, FIGEROPTIC	1240	6530	
LIGHT, SURGICAL CEILING	1245	6530	M
LINEAR ACCELERATOR, THERAPEUTIC	3288	6525	M,N,P,X
LIQUID CHROMATOGRAPH 9Sometimes called HPLC)	3604	6630	
LIQUID SCINTILLATION SYSTEM	5610		
LITHOTRIPTER SYSTEM, EXTRACORPEAL	1247	6515	M,P,X
LITHOTRIPTER, PERCUTANEOUS ULTRASONIC	1248	6515	
LOADER, FILM, PHOTOGRAPHIC DAY LIGHT	3095	6525	
LOGISTICS ITEM	0010		G,T
MACHINE, CASTING, AUTOMATIC	2638	6520	
MAGNETIC RESONANCE IMAGING SYSTEM	3096	6525	M,P,X
MAMMOGRAPHY, COMPUTER-AIDED DETECTION	3232		
MANIKIN, RESUSCITATION TRAINING, RECORDING	0742	6910	
MATERIEL DISTRIBUTION SYSTEM	0011		
MATERIEL HANDLING EQUIPMENT	0012		T
PICTURE ACHIEVING AND COMMUNICATION (PACS) SYSTEM	3192	6525	M,X
MEDICINE ITEM	0500		G
METER, SOUND LEVEL	5630	6625	
MICROGRAPHIC EQUIPMENT	0130		D,G,T
MICROSCOPE, ELECTRON	3701	6640	
MICROSCOPE, OPERATING ROOM	1255	6515	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
MICROSCOPE, SPECIAL PURPOSE (State purpose)	3702	6650	
MICROSCOPE, OPTICAL (Specify number of viewing positions /whether bright field, fluo or phase contrast)	3703	6650	
MICROTOME	3710	6640	
MIRROR, MOBILE, MULTI SECTION	5185	6530	
MIRROR, MOBILE SINGLE	5186	6530	
MIXER TANK MASTER FILTER PHARM PROD	6100		
MIXER, LAB	3715	6640	
MODEL, ANATOMICAL	0745	6910	
MODEL, SKELETON	5190	6910	
MODEL, SPECIFY-BODY PART	5191	6910	
MONITOR, ANESTHESIA (Specify central or stand alone)	1370	6515	
MONITOR, BLOOD PRES (Specify number of stations)	0621	6515	
MONITOR, BLOOD PRES 1 STATION	0620	6515	
MONITOR, CARBON DIOXIDE	0619	6515	
MONITOR, CARDIAC (Specify number of stations)	0626	6515	
MONITOR, CARDIAC 1 STATION	0625	6515	
MONITOR, CENTRAL OXYGEN SYSTEM	1365	6515	M
MONITOR, CLOSED-CIRCUIT TV	3100		
MONITOR, COMPUTERIZED	0641	6515	
MONITOR, FETAL HEART	4650	6515	
MONITOR, FETAL HEART (IDC reserved for future use)	4651	6515	
MONITOR, HEART RATE (Specify number of stations)	0636	6515	
MONITOR, HEART RATE 1 STATION	0635	6515	
MONITOR, PHYSIOLOGICAL SYSTEM 1 STATION (Vital signs monitor; specify number of stations)	0645	6515	
MONITR, PHYSIOLOGICAL SYSTEM (Vital signs monitor)	2080	6515	
MONITOR, RESPIRATION (Specify number of stations)	0653	6515	
MONITOR, RESPIRATION 1 STATION	0651	6515	
MONITOR, RESPIRATION INFANT	0650	6515	
MONITOR, SYSTEM, EXERCISE-STRESS (Includes treadmill and ECG)	0630	6515	
MONITOR, TEMPERATURE	0661	6515	
MONITOR, VENTILATION (Specify number of stations)	0661	6515	
MONITOR/RECORDER, COMMUNICATIONS SYSTEM	0053		Q,T
NEONATAL CARE SYSTEM	0670	6515	
NEW FACILITY PACKAGE (Specify type)	0004		F,G
NOISE CLASSIFIER	5650		
NURSE CALL SYSTEM	4072	5830	M
NURSING ITEM	4000		G
NUTRITION CARE ITEM	7000		G,Y
OBSTETRICS/GYNECOLOGY ITEM	4500		G
OPERATING APPARATUS ENT	1207	6515	
OPHTHALMOLOGY/OPTOMETRY ITEM	8000		G
OPTICAL FABRICATION ITEM	7500	6540	G
OSCILLOSCOPE (TMDE)	0270	6625	E
OSMOMETER, SYSTEM	3720	6630	
OVEN, LABORATORY	3725	6640	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
OXIMETER	0672	6515	
OXYGEN GENERATION SYSTEM	0020		M
PACEMAKER	0675	6515	
PACEMAKER, EXTERNAL	0676	6515	
PACKAGER, CAPSULE AND TABLET	6125		
PAGING SYSTEM, RADIO	0111	5830	D,T,Z
PANENDOSCOPE	0682	6515	
PARALLEL BARS, ELECTRIC	5009	6530	
PARALLEL BARS, MANUAL	5008	6530	
PARALLEL BARS, PHYS THERAPY FIXED	5005	6530	
PARALLEL BARS THERAPY PORTABLE	5010	6530	
PATIENT LIFT, SPECIFY ELEC OR MANL	5195	6530	
PERIMETER, OPHTHALMOLOGICAL	8050	6540	
PERIMETER, OPHTHALMOLOGICAL, AUTOMATED	8051	6540	U
PERITONEOSCOPE	0681	6515	
PHANTOM, NUCLEAR	0449	6625	E
PHANTOM, RADIOGRAPHIC (Changed from PHANTOM)	0450	6625	E
PHANTOM, ULTRASONIC	0451	6625	E
PHARMACY ITEM	6000		G
PHARMACY PILL DISPENSING ROBOTICS SYSTEM	6126		
PHOROPTER (Without the chair or stand)	8060	6540	
PHOROPTER UNIT WITH STAND CHAIR	8070	6540	
PHOTOMETER, FLAME	3730	6650	
PHYSICAL MEDICINE ITEM	5000		G
PIPETTE, AUTO	3735	6640	
PNEUMO-PLETHYSMOGRAPHY	0680	6515	
POINT OF USE	0151		
POLISHING MACHINE, OPHTHAL LENS	7660	6540	
POSITRON EMISSION TOMOGRAPHY SCANNER	3111	6525	M,P,X
POWER SUPPLY, UNINTERRUPTED (UPS)	0025		M,T
PREVENTIVE MEDICINE ITEM	5500		G
PRINTING AND BINDING EQUIPMENT	0150		D,G,T,Z
PROBE, SCINTILLATION	3115	6525	P
PROCESSING MACHINE, PHOTOGRAPHIC FILM	3120	6525	
PROCESSING MACHINE, X-RAY FILM, AUTO DENTAL	2650	6525	
PROCESSING UNIT, X-RAY FILM, TABLETOP	3134	6525	
PROCESSING UNIT, X-RAY FILM	3135	6525	
PROCESSOR, BLOOD PHORESIS	3739	6640	
PROCESSOR, TISSUE, AUTO LAB	3740	6640	
PROJECTOR, OPHTHALMOLOGICAL, ACUITY TEST	8073	6540	
PSYCHIATRY/NEUROLOGY ITEM	1500		G
PUMP, CARDIAC ASSIST	1270	6515	
PUMP, EXTREMITY, COLD COMPR	5076	6515	
PUMP, EXTREMITY, INTERMIT COMPR	5075	6515	
PUMP, EXTREMITY, SEQUENT COMPR	5077	6515	
PUMP, INFUSION	4075	6515	
RADIO NUCLIDE IMAGING SYSTEM	3150	6525	G,M,N,P

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT) SYS	3152	6525	N,P,X
RADIOTELEPHONE SYSTEM	0115	6540	D,T,Z
RADIOSCOPE	8075	6540	
READER, BAR CODE LABEL	0015		T
READER, MICROFICHE	0131	6730	D,T,Z
READER-PRINTER, MICROFICHE	0132	6730	D,T,Z
RECEIVER - TRANSMITTER, EMSS	2100	5805	D,T
RECEIVER - TRANSMITTER, TELEMETRY	2120	5805	D,T
RECORDER, ELECTROCARDIOGRAM PORTABLE	0683	6515	
RECORDER, PHYSIOLOGIC MULTI-CHANNEL	0597	6515	
RECORDER, VIDEO TAPE (Radiology use only)	3148	6525	
RECORDS MANAGEMENT EQUIPMENT	0140		D,G,T
REFRACTOR	8080	6540	
REFRIGERATOR, BLOOD BANK	3769	4110	M
FEFRIGERATOR, MECH BIOLOGICAL W/ALARM	3770	4110	
REFRIGERATOR, MECH COMM	7221	4110	Y
REFRIGERATOR, MECH COMMERCIAL, LAB-TYPE W/O ALARM	3771	4110	
REFRIGERATOR, MECH MORTUARY	3772	4110	M
REFRIGERATOR, PHARMACEUTICAL W/ALARM	6270	4110	
RESPIRATOR, PORTABLE	0697	6530	
RESUSCITATOR, HEART-LUNG	0705	6515	
RESUSCITATOR, OXYGEN-POWERED, PRESSURE CYCLED	0700	6515	
RESUSCITATOR-INHALATOR, PORTABLE	0710	6515	
RESUSCITATOR/ASPIRATOR, EMSS	2140	6515	
ROBOTICS, LAB/PATHOLOGY SYSTEM	3774		
ROTOR, CENTRIFUGE, LABORATORY, REFRIGERATED	3773	6640	
SAMPLER, AUTO	3775	6640	
SCALE, WEIGHING, PATIENT BED	4077	6530	
SCANNER, DIAGNOSTIC	0725	6515	
SCANNER, DIAGNOSTIC ULTRASOUND	3157	6525	I,R,X
SCANNER, RECTILINEAR (Specify Single or Dual Photon)	3155	6525	N,P,X
SCANNER, ULTRASOUND OPHTHALMOLOGICAL (See also IDC 3157)	8090	6525	X
SCANNER, ULTRASOUND SYSTEM, ECHO-CARDIO	3156		
SCANNER, ULTRASOUND SYSTEM, NON-DIAGNOSTIC	3153		
SCANNER, ULTRASOUND SYSTEM, OB-GYN	3158		
SCRUBBING MACHINE, FLOOR	0018	7910	T
SEALER, HEAT (For hospital linen packaging)	0017	3540	T
SEALING MACHINE ELECTRIC, UNIT DOSE	6155	3540	
SHAKING MACHINE, LAB	3790	6640	
SHAMPOOING MACHINE, CARPET	0019	7910	T
SHARPENER, MICROTOME	3795		
SHELVING SYSTEM, TRACK-MOUNTED (Often called "space-saver shelving")	0013		
SILVER RECOVERY UNIT, FILM PROCESS	3160	6525	M
SIMULATOR, RADIATION THERAPY	3175	6525	N,P
SIMULATOR, VISUALLY KEYED	1550	6515	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
SINK, SURGICAL SCRUB	1292	6515	M
SKELETON, HUMAN ADULT	4078	6910	
SPECTROFLUOROMETER	3805		
SPECTROMETER (Formerly IDC 5679; see also IDC 3602)	3807	6640	
SPECTROPHOTOMETER	3810		
SPHYGMOMANOMETER, ELECTRIC-ULTRASONIC	1295	6515	
SPIROMETER, DIAGNOSTIC	0727	6515	
SPIROMETER, MONITORING	0728	6515	
STAINER, SLIDE, AUTO CYTOLOGY	3815	6640	
STAINER, SLIDE, AUTO HEMATOLOGY	3816	6640	
STAIRS, PORTABLE	5080	6530	
STAND, PHOROPTER (Without the PHOROPTER or chair)	8100	6540	
STERILIZER, ELECTRIC, DENTAL (Specify Bench or Floor Mounted)	2686	6530	M
STERILIZER, GAS (Specify type of gas and chamber size)	4100	6530	M
STERILIZER, INFECTIOUS WASTE	5682	6530	M
STERILIZER, PLASMA	4120		
STERILIZER, STEAM (Supplied by steam line, specify chamber size)	4110	6530	G,M
STERILIZER, STEAM (With electrically heated boiler; specify chamber size)	4111	6530	G,M
STERILIZER, STEAM 16X16X26 (Supplied by steam)	4112	6530	M
STERILIZER, STEAM 16X16X26 (With electrically heated boiler)	4113	6530	M
STERILIZER, STEAM 20X20X38 (Supplied by steam line)	4118	6530	M
STERILIZER, STEAM 20X20X38 (With electrically heated boiler)	4119	6530	M
STERILIZER, STEAM 24X24X36 (Supplied by steam line)	4114	6530	M
STERILIZER, STEAM 24X24X36 (With electrically heated boiler)	4115	6530	M
STERILIZER, STEAM 24X36X48 (Supplied by steam line)	4116	6530	M
STERILIZER, STEAM 24X36X48 (With electrically heated boiler)	4117	6530	M
STERILIZER, ULTRAVIOLET	4129	6530	M
STEREOSCROPE, VISION TESTING	8110	6540	
STIMULATOR, ELEC, ALT CURRENT	5176	6515	
STIMULATOR, ELEC, DIRECT CURRENT	5177	6515	
STIMULATOR, ELEC, INTERFERENTIAL	5178	6515	
STIMULATOR, ELEC, IONTOPHORESSIS	5179	6515	
STIMULATOR, ELEC, MUSCLE	5175	6515	
STIMULATOR, ELEC, PULSED CURRENT	5180	6515	
STIMULATOR, ELEC, TRANS NERVE	5181	6515	
SUCTION APPARATUS	4150	6515	
SUCTION, PRESSURE, APPARATUS	4160	6515	
SURFACER, OPHTHAL LENS, AUTO	7690	6540	
SURGICAL ITEM	1000		G
TABLE, AUTOPSY	3820	6530	
TABLE, EMERGENCY, TRANSPORT/TREAT	4017	6530	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
TABLE, EXAM	0730	6530	
TABLE, EXAM, UROLOGICAL	1315	6530	
TABLE, EXERCISER PHYS THERAPY	5202	6530	
TABLE, HAND THERAPY	5207	6530	
TABLE, MAT, EXERCISE, ADJUSTABLE	5208	6530	
TABLE, MAT, EXERCISE, FIXED HEIGHT	5209	6530	
TABLE, MAT, EXERCISE, FOLDING	5210	6530	
TABLE, OB/GYN, DELIVERY	4700	6530	
TABLE, OB/GYN, EXAM TREATMENT	4725	6530	
TABLE, OPERATING, HOSPITAL (IDC reserved for future use)	1310	6530	
TABLE, OPERATING, HOSPITAL	1311	6530	
RADIO TRANSLUCENT (For use with mobile C-Arm, IDC 3224/3225)	1312	6530	
TABLE, OPERATING, VETERINARY	6700	6530	
TABLE, ORTHOPEDIC	1305	6530	
TABLE, PROCTOSCOPE	0735	6530	
TABLE, RADIO, UROLOGICAL	3272	6525	H,X
TABLE, RADIOGRAPHIC (Specify whether unit is with or w/o image intensifier)	3183	6525	H,X
TABLE, TILT, MAN	5225	6530	
TABLE, TILT, MANUAL OR ELECTRIC (State which)	5200	6530	
TABLE, PLINTH, ELECTRIC	5201	6530	
TABLE, EXERCISER PHYS THERAPY	5202	6530	
TABLE, PLINTH, FIXED HEIGHT	5203	6530	
TABLE, PLINTH, MANIPULATION	5204	6530	
TABLE, PLINTH, PORTABLE	5205	6530	
TABLE, PLINTH, TRACTION	5206	6530	
TANK, MASTER, X-RAY FILM PROCESS DENTAL	2705	6525	
TANK, MASTER, X-RAY FILM PROCESS	3185	6525	
TANK, STORAGE, OXYGEN	5687		
TELECOMMUNICATIONS EQUIPMENT	0110		D,G,T,Z
TELERADIOLOGY SYSTEM	3190	6525	M,X
TEST EQUIPMENT GENERAL (TMDE)	0250		G,E
TEST SET, DIGITAL (TMDE)	0280	6625	E
TESTER, BLOOD CULTURE, BODG FLUIDS	3822		
TESTER, ARTHROMETER, KNEE LIGAMENT	5230		
TESTER, HAND GRIP, DYNAMOMETER	5231		
TESTER, INCLINOMETER	5232		
TESTER, KIT, JOINT GONIOMETER	5233		
TESTER, KIT, SKIN SENSITIVITY	5234		
TESTER, MUSCLE, MANUAL	5235		
TESTER, PINCH GRIP, DYNAMOMETER	5236		
TESTER, SKINFOLD CALIPER	5237		
TESTER, VOLUMETER, ARM	5238		
TESTER, VOLUMETER, FOOT	5239		
TESTER, VOLUMETER, FOREARM	5240		
TESTER, VOLUMETER, HAND	5241		
THERAPY UNIT, RADIATION COBALT	3194	6525	M,N,P,X

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
THERMOREGULATOR, PATIENT	1360	6530	
THYROID UPTAKE SYSTEM	3825		
TITRATOR	3830	6630	
TONOMETER OPHTHALMOLOGICAL	8115	6540	
TRACTION APPARATUS	5035	6530	
TRAINER, ARRHYTHMIA	0740	6515	
TRANSPORTER, PATIENT	4018	6530	
TREADMILL (The monitor or entire system is IDC 0630)	0750	6530	
TUBE, X-RAY APPARATUS	3198	6525	O
TUBEHEAD, X-RAY APPARATUS	3197	6525	O
ULTRACENTRIFUGE (Operates at or above 6,000 RPM)	3594	6640	
ULTRASONIC APPARATUS, PHYS THERAPY	5250	6530	
ULTRASONIC PROPHYLAXIS UNIT, DENTAL RESINS	2660	6520	
ULTRASONIC PROPHYLAXIS UNIT, VETERINARY	6650	6515	
VACUUM SYSTEM, DENTAL	2715	6520	M
VENTILATOR, AUTOMATIC-MANUAL, ADULT	1380	6515	
VENTILTOR, AUTOMATIC-MANUAL, INFANT	1381	6515	
VETERINARY MEDICINE ITEM	6500		G
VIEWER, X-RAY FILM, AUTOMATIC	3200	6525	
VISULA INFORMATION EQUIPMENT (Formerly Audiovisual Equipment)	0120		D,G,T,Z
WASHER, BEDPAN/URINAL	4170	6530	
WASHER, CART	4165	6530	M
WASHER, CELL, AUTO	3841	6540	
WASHER, CELL, AUTO HEMATOLOGIC DIFFERENTIAL	3840	6640	
WASHER-STERILIZER, SURGICAL INSTRUMENT (Specify chamber size)	4175	6530	M
WASHING MACHINE, GLASSWARE LAB	3850	6640	
WELL COUNTER	3215	6525	
WELL SCINTILLATION DETECTOR	3875		P
WINDOW COVERING PACKAGE	0009		F
X-RAY APPARATUS VETERINARY	6680	6525	P,X
X-RAY APPARATUD, ANGIOGRAPHY, SINGLE PLANE	3238		
X-RAY APPARATUS, CARDIAC CATH LAB, BI-PLANE	3237	6525	H,M,P,X
X-RAY APPARATUS, CARDIAC CATH LAB, SINGLE PLANE	3236	6525	H,M,P,X
X-RAY APPARATUS, DENTAL, 7MA FIXED	2725	6525	P
X-RAY APPARATUS, DENTAL, 7MA PORTABLE	2730	6525	P
X-RAY APPARATUS, DENTAL, 15MA FIXED	2735	6525	P
X-RAY APPARATUS, DENTAL, 15MA PORTABLE	2740	6525	P
X-RAY APPARATUS, DENTAL, CYPHALOMETRIC (State mA and kVp in nomenclature)	2746	6525	P
X-RAY APPARATUS, DENTAL, CYPHALOMETRIC/PANOGRAPHIC	2748	6525	P
X-RAY APPARATUS, DENTAL, PANOGRAPH	2750	6525	P
X-RAY APPARATUS, FLUOROSCOPY, MULTI-PURPOSE FIXED C-ARM CONFIGURATION (NOT ANGIO SYSTEM	3226		

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE – NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
X-RAY APPARATUS, MAMMOGRAPHY	3230	6525	H,M,P,X
X-RAY APPARATUS, MAMMOGRAPHY, DIGITAL	3233		
X-RAY APPARATUS, MAMMOGRAPHY, DIGITAL SPOT STEREO TACTIC BIOPSY ATTACHMENT	3132		
X-RAY APPARATUS MAMMOGRAPHY, STEREO TACTIC BIOPSY TABLE	3231		
X-RAY APPARATUS, PHOTOFLUORO	3235	6525	H,M,P,X
X-RAY APPARATUS, RADIO (Specify mA up to 500 mA)	3241	6525	H,M,P,X
X-RAY APPARATUS, RADIO (Specify mA above 500 mA and if unit has tomographic capability)	3246	6525	H,M,P,X
X-RAY APPARATUS, RADIO MOBILE (Specify mA up to 299 mA)	3261	6525	H,M,P,X
X-RAY APPARATUS, RADIO MOBILE (Specify mA above 299 mA)	3264	6525	H,M,P,X
X-RAY APPARATUS, RADIO PORTABLE (Up to 20 mA, specify mA)	3220	6525	H,P
X-RAY APPARATUS, RADIO/FLUORO, MOBILE C-ARM	3224	6525	H,P,R,X
X-RAY APPARATUS, RADIO/FLUOR, MOBILE C-ARM W/DIG-SUB	3225	6525	H,P,R,X
X-RAY APPARATUS, RADIO/FLUORO (Specify mA up to 500 mA)	3252	6525	H,M,P,X
X-RAY APPARATUS, RADIO FLUORO (Specify mA above 500 mA and if unit has tomographic capability)	3257	6525	H,M,P,X
X-RAY APPARATUS, THERAPEUTIC GRENTZ RAY	3280	6525	M,N,P,X
X-RAY APPARATUS, TOMOGRAPHY COMPUTED	3265	6525	C,M,P,X
X-RAY APPARATUS, TOMOGRAPHY, COMPUTED, HEAD UNIT	3266	6525	C,M,P,X
X-RAY APPARATUS, TOMOGRAPHY, COMPUTED, MOBILE	3268	6525	C,P,X
X-RAY APPARATUS, UROLOGICAL	3270	6525	H,M,P,X
X-RAY CALIBRATION/VERIFICATION SYSTEM TOMO (TMDE)	0260	6625	E

APPENDIX B. MEDCASE/SUPERCEEP FORMS: DA FORM 5027-R (MPR), DA FORM 5028-R (MSTF)

B-1. INTRODUCTION

The basic MEDCASE/SuperCEEP forms, DA Form 5027-R (MPR) and DA Form 5028-R (MSTF) are the primary forms used to identify and obtain approval for MEDCASE/SuperCEEP eligible equipment items.

B-2. GENERAL

A MEDCASE/SuperCEEP requirement is initiated by the preparation and processing of DA Form 5027-R and DA Form 5028-R. Together they provide an auditable record that documents the need, coordination, and approval of a MEDCASE/SuperCEEP requirement. Chapter 3 contains guidance concerning the development and staffing of these forms.

B-3. REPRODUCTION

DA Form 5027-R and DA Form 5028-R will be locally reproduced on 8½ by 11 inch-paper. Copies for reproduction purposes are located at the back of this publication.

B-4. ELECTRONIC FORMS

DA Forms 5027-R and 5028-R are available electronically through the electronics forms library of the U.S. Army Publishing Directorate, Alexandria, VA.

B-5. PREPARATION

A DA Form 5027-R/5028-R must be prepared for each MEDCASE/SuperCEEP requirement, not recommended by the TARA, i.e., one DA Form 5027-R/5028-R for each end item, set, or system requested. Exceptions are discussed in chapter 3, of this bulletin. Provide the number of copies prescribed by command guidance. Forward complete copies of the DA Form 5027-R/5028-R with all enclosures to the address below.

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

Copies that are forwarded should bear original signatures.

B-6. INSTRUCTIONS FOR COMPLETING DA FORM 5027-R, MEDCASE PROGRAM REQUIREMENT

MEDCASE PROGRAM REQUIREMENT
For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG

1. DATE *(YYYYMMDD)*

2. ACTIVITY *(Name and Address)*
3. FROM *(Div, Dept or Svc)*
4. ASSET CONTROL NUMBER
5. TDA-UIC
6. HAND RECEIPT CODE
7. BUDGET LINE ITEM CODE
8. REQUIREMENT SUBMISSION
☐ NEW *(1st Submission)*
☐ RESUBMISSION
9. POINT OF CONTACT
10. PHONE NUMBER
11. STANDARD ITEM DESCRIPTION OR GENERIC NOMENCLATURE *(See SB 8-75 MEDCASE)*
12. EXTENDED/SYSTEM DESCRIPTION
13. QUANTITY
14. UNIT PRICE
15. JUSTIFICATION
15a. HOW IS THE FUNCTION NOW BEING ACCOMPLISHED?
15b. WHY IS THIS EQUIPMENT REQUIRED? *(Workload data, new technology, cost reduction, maintenance costs, equipment down time or nonavailability/obsolescence of current methods, etc.)*
15c. IMPACT IF EQUIPMENT IS NOT PROVIDED
16. ARE PERSONNEL ASSIGNED AND TRAINED TO OPERATE EQUIPMENT? *(If No, explain)*
☐ YES ☐ NO
17. SPECIAL EQUIPMENT CATEGORY
☐ FOR NEW OR RENOVATED FACILITY (BLIC NF)
☐ FOR NEW OR RENOVATED FACILITY (BLIC MB)
☐ DRUG ABUSE/CONTROL PROGRAM (BLIC DA)
☐ CLINICAL INVESTIGATION PROGRAM (BLIC CF)
☐ POLLUTION CONTROL PROGRAM (BLIC PC)
☐ REPLACE, MODERNIZE, OR ACQUIRE EQUIPMENT FOR EXISTING FACILITY (BLIC UR)
☐ REPLACEMENT NORMAL ☐ REPLACEMENT ACCELERATED ☐ NEW MISSION ☐ MODERNIZATION
☐ OTHER ☐ UPGRADE ☐ EXCESS ☐ LEASE
18. ITEM BEING REPLACED?
☐ YES ☐ NO
19. NSN/MCN
20. MMCN
21. SERIAL NUMBER
22. MODEL NUMBER
23. LOCATION
24. DISPOSITION
☐ RETAIN AS BACK-UP ☐ TURN IN AS EXCESS
☐ TRADE-IN
25. I CERTIFY THE INFORMATION ON THIS PAGE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
25a. TYPED NAME AND TITLE OF REQUESTOR
25b. SIGNATURE
26. THIS EQUIPMENT IS NECESSARY FOR THE ACCOMPLISHMENT OF THIS ACTIVITY'S MISSION.
26a. TYPED NAME AND TITLE OF CHIEF OF DIV/DEPT/SVC
26b. SIGNATURE

DA FORM 5027-R, JUL 97 DA FORM 5027-R (TEST), NOV 81 IS OBSOLETE APD V1.02

Item 1 - Self-explanatory

Item 2 - Enter requesting activity name and address

Item 3 - Enter requesting Division, Department or Service

Item 4 - Enter appropriate Asset Control Number (see chapter 3)

Item 5 - Enter requesting activity TDA Unit Identification Code (UIC)

Item 6 - Self-explanatory

Item 7 - Enter applicable Budget Line Item Code (see chapter 3)

Items 8, 9 and 10 - Self-explanatory

Item 11 - Enter Standard Item Description (see appendix A)

Items 12, 13, and 14 - Self-explanatory

Items 15 and 16 - Self explanatory; continuation sheets may be used where necessary and it is acceptable to leave this item blank with a reference to "see attached sheet."

Items 17, 18, 19, 20, 21, 22, 23, and 24 - Self-explanatory

Items 25, and 26 - Self-explanatory. The initiator and the chief of the requesting department or service must sign this form to certify the requirement described is valid and that the justification provided is accurate to the best of their knowledge. Their signatures also certify that consideration has been given to the availability of existing and excess assets to satisfy the requirement.

B-7. INSTRUCTIONS FOR COMPLETING DA FORM 5028-R, MEDCASE SUPPORT AND TRANSMITTAL FORM

MEDCASE SUPPORT AND TRANSMITTAL FORM

For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG

1. ACTIVITY	2. ASSET CONTROL NUMBER		
EQUIPMENT MAINTENANCE ACTIVITY			
3. DO YOU SEE PROBLEMS WITH PROVIDING MAINTENANCE SUPPORT? *(If Yes, explain)* ☐ YES ☐ NO			
4. MAINTENANCE WILL BE PROVIDED ☐ IN-HOUSE ☐ SERVICE CONTRACT	5. ANNUAL MAINTENANCE COST	6. TRAINING TYPE ☐ NONE ☐ ONE TIME ☐ RECURRING	
7. REPLACED ITEM WITH MAKE AND MODEL			
8. LIFE EXPECTANCY *(Years)*	9. DATE IN SERVICE *(YYYYMMM)*	10. MDEL COST	11. EXPENDED COST
12. EQUIPMENT AND INSTALLATION CHARACTERISTICS ☐ REQUIRES INSTALLATION ☐ COMPLEX ☐ ROUTINE ☐ REQUIRES TURNKEY INSTALLATION ☐ EXISTING EQUIPMENT REQUIRES DE-INSTALLATION ☐ ADDITIONAL ELECTRICAL SUPPORT OR EMERGENCY POWER		13. THE JUSTIFICATION PROVIDED HAS BEEN REVIEWED AND THE STATEMENTS REGARDING MAINTENANCE HAVE BEEN VERIFIED. THE REPLACEMENT OF THE ITEM ☐ IS ☐ IS NOT SUPPORTED BASED UPON MAINTENANCE CONSIDERATIONS.	
14. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		15. SIGNATURE	
ENGINEER *(Health Facility Project Officer for BLIC NF & MB)*			
16. ARE SITE MODIFICATIONS, UTILITIES OR OTHER COSTS INVOLVED? ☐ YES ☐ NO	17. ESTIMATED SITE PREPARATION COSTS	18. WITHIN THE SCOPE OF THE PROJECT (BLIC NF OR MB)? ☐ YES ☐ NO	
19. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		20. SIGNATURE	
INFORMATION MANAGEMENT OFFICER			
21. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL ☐ N/A			
22. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		23. SIGNATURE	
RESOURCES MANAGEMENT OFFICER			
24. NON-MEDCASE COSTS ASSOCIATED WITH THIS REQUIREMENT ARE WITHIN CURRENT OR ANTICIPATED RESOURCES OF THIS ACTIVITY? ☐ YES ☐ NO		25. THE ECONOMIC CONSIDERATIONS CITED *(In Justification)* HAVE BEEN VERIFIED AND ARE ACCURATE? ☐ YES ☐ NO	
26. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		27. SIGNATURE	
RADIOLOGY REVIEW			
28. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND *(Comments attached)* ☐ APPROVAL ☐ DISAPPROVAL			
29. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		30. SIGNATURE	
LOGISTICS REVIEW			
31. I HAVE REVIEWED THIS REQUEST AND RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL			
I CERTIFY THIS REQUEST IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. REQUESTED EQUIPMENT IS ELIGIBLE FOR MEDCASE ACQUISITION.			
32. TYPED NAME OF LOGISTICS CHIEF		33. SIGNATURE OF LOGISTICS CHIEF	
ACTIVITY COMMANDER REVIEW			
34. I HAVE REVIEWED THIS REQUEST AND RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL	35. EQUIPMENT REPLACED WILL BE ☐ TURNED IN ☐ RETAINED ☐ N/A		
36. TYPED NAME OF ACTIVITY COMMANDER		37. SIGNATURE OF ACTIVITY COMMANDER	
REGIONAL MEDICAL COMMAND (RMC) REVIEW			
38. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL	39. RMC CONSULTANT ACTION CODE		
40. TYPED NAME OF RMC COMMANDER		41. SIGNATURE OF RMC COMMANDER	

DA FORM 5028-R, JUL 97 DA FORM 5028-R (TEST), NOV 81 IS OBSOLETE USAPA V1.00

Items 1 and 2 - Self-explanatory (perpetuated from associated DA Form 5027-R)

Items 3 through 41 - Self-explanatory

APPENDIX C. LETTERS OF AUTHORITY (LOAs)

C-1. GENERAL

The LOA grants authority to cite funds and incur obligations for MEDCASE/SuperCEEP equipment. Chapter 7 provides detailed information pertaining to the use of LOAs.

C-2. EXAMPLES

a. Figure C-1 is a sample of an E-mail LOA with data elements.

b. Figure C-2 is a sample of an Amendment to an E-Mail LOA.

c. The circled numbers in each figure designate the data elements.

d. An explanation of these circled numbers for Figure C-1 follows:

FIGURE C-1. E-mail Letter of Authority with Data Elements as Marked

TO: margie_medcase@amedd.army.mil -- (1)
CC: usammamedcasemgr@det.amedd.army.mil
Subject: LOA P061110

FROM: MCMR-MMO-AS 31 October 2005 (2)
RETURN LOA TO E-MAIL ADDRESS:
USAMMAMEDCASEMGR@DET.AMEDD.ARMY.MIL

ACN(S): 010006997-- (3)

EXPIRATION DATE: 28 FEB 2006 -- (4)

DOLLAR AMOUNT: $164,125.00 (5) LOA: P061110 -- (6)

1. DIRECT FUND CITATION AUTHORITY: THIS MESSAGE PROVIDES AUTHORITY TO INCUR OBLIGATIONS UNDER THE FOLLOWING ACCOUNTING CLASSIFICATION FOR THE PURCHASE OF THE ACN AND THE AMOUNT SHOWN ABOVE.

(7) 9760130.1871 074-8027 847721.00000 31E5 P1XXXX (14-POS DOC #) XXXXP1 018126 P061110

(8)

2. EXECUTION INSTRUCTIONS:

A. FURNISH A COPY OF THIS AUTHORITY TO THE SERVICING FINANCE AND ACCOUNTING OFFICE.

B. ALL OBLIGATION DOCUMENTS MUST SHOW THE FUND CITE PROVIDED ABOVE.

C. MAINTAIN AN OBLIGATION RECORD AS SHOWN BELOW.

D. SUBMIT ALL OBLIGATION DOCUMENTS TO COMMANDER, USAMMA ATTN: MCMR-MMO-AS FORT DETRICK, MD 21702-5001, VIA MAIL OR FAX 301-619-4480/DSN 343-4480 WHEN THE CONTRACTS ARE AWARDED. A COPY OF RECEIVING REPORTS SHOULD BE FORWARDED TO THE USAMMA WHEN THE ITEM IS RECEIVED.

3. THE PAYING OFFICE FOR CONTRACTS ISSUED UNDER THE AUTHORITY OF THIS LOA IS:
DFAS-SA/FPA
500 MCCULLOUGH AVE
SAN ANTONIO TX 78215-2100
PHONE DSN 448-4061; COMM 210-527-8061

OBLIGATION DATE -- (9) REQUISITION NUMBER-- (10) DOLLAR AMOUNT OBLIGATED- (11)
_____ _____ _____
_____ _____ _____
_____ _____ _____
ADDITIONAL OBLIGATION LINES MAY BE ADDED TO THIS LOA.

ITEM 1. ISSUE TO - The activity's e-mail address that the LOA is sent.

ITEM 2. DATE ISSUED - This is the date the LOA was generated by the USAMMA. Funds are available as of that date for execution of the LOA. In no case should a contract, purchase/delivery order be awarded prior to that date.

ITEM 3. ACN - The ACN(s) to be purchased with the LOA. In no case should other requirements be purchased with this LOA.

ITEM 4. EXPIRATION DATE - The LOA is valid for a specific number of days ending on the expiration date. In no case should a contract, purchase/delivery order be awarded past this date without amendment to the LOA.

ITEM 5. AMOUNT AUTHORIZED - Total dollar allocated on this LOA. Obligations incurred shall not exceed this amount without amendment to the LOA.

ITEM 6. LOA NUMBER – This seven-digit field is assigned by the USAMMA for LOA transaction control. The Advice number is unique to an LOA and is used only once within a FY. All references to an LOA use this number.

ITEM 7. ACCOUNTING CLASS - The accounting classification cited on this LOA must be reflected on the contract, purchase/delivery order exactly as on the LOA. If funds are controlled by a project code, the project code is incorporated in this line.

ITEM 8. BUDGET LINE ITEM - Identifies the program category within the Defense Health Program-Procurement appropriation.

ITEM 9. OBLIGATION DATE - Calendar date the obligation occurred.

ITEM 10. REQUISITION NUMBER - Requisition Number obligated for this LOA.

ITEM 11. DOLLAR AMOUNT OBLIGATED - Dollar value of the contract, purchase/delivery order number obligated against this LOA.

FIGURE C-2. Amendment to an E-mail Letter of Authority

TO: margie_medcase@amedd.army.mil -- **1**
CC: usammamedcasemgr@det.amedd.army.mil
Subject: AMENDMENT TO LOA P061108

FROM: MCMR-MMO-AS
RETURN AMENDMENT TO E-MAIL ADDRESS:
USAMMAMEDCASEMGR@DET.AMEDD.ARMY.MIL

2

1. INFORMATION CITED ON LOA P061108 IS CHANGED AS FOLLOWS:

A. EXPIRATION DATE IS EXTENDED TO: NO CHANGE -- **3**

B. FUNDING AUTHORITY IS INCREASED BY $ 164,125.00. TOTAL OBLIGATIONS SHALL NOT EXCEED $1,412,875.00. -- **4**

2. THE ACCOUNTING CLASSIFICATION AND EXECUTION INSTRUCTIONS ON THE ORIGINAL LOA REMAIN UNCHANGED. RETURN THE AMENDMENT WITH THE ORIGINAL SIGNATURE WITH THE OBLIGATIONS PACKAGE.

5

3. THIS AMENDMENT IS CHANGE NUMBER 01 TO SUBJECT LOA.

4. ACN(S): 010006995

ITEM 1. ISSUE TO - Address of the activity to which the LOA was issued.

ITEM 2. LOA NUMBER - Seven-digit field assigned by the USAMMA for a specific LOA.

ITEM 3. EXPIRATION DATE - This reflects the new expiration date of the LOA. If no change occurred it will read "NO CHANGE".

ITEM 4. AMOUNT AUTHORIZED - Total dollars allocated on the LOA. Obligations incurred shall not exceed this amount without another amendment to the LOA. If no change occurred to the amount it will read "NO CHANGE".

ITEM 5. CHANGE NUMBER - Identifies the number of LOA amendments.

APPENDIX D. MEDCASE/SUPERCEEP REQUISITION (EXAMPLE)

D-1. GENERAL

This appendix provides an example of a DD Form 1348-6 (see figure D-1) to use in preparing requisitions for MEDCASE/SuperCEEP requirements. The DD Form 1348-6 is used for equipment acquisitions through the wholesale supply system or independent contracting agencies. This requisition form is used for standard, non-stocked (AAC "L"), Shared Procurement and non-standard items.

D-2. COPIES

The USAMMA must receive three complete legible copies of each requisition with attachments.

FIGURE D-1. DD Form 1348-6, DOD Non-NSN Requisition (Manual)

DOCUMENT IDENTIFIER	ROUTING IDENTIFIER	M&S	ITEM IDENTIFICATION* (NSN, FSCM/Part No., Other)		UNIT OF ISSUE	QUANTITY	DOCUMENT NUMBER	
			FSCM	PART NUMBER			SERV	REQUISITIONER
1 2 3	4 5 6	7	8 9 10 11 12	13 14 15 16 17 18 19 20 21 22	23 24	25 26 27 28 29	30	31 32 33 34 35 36
A 0 E	S 9 M	0	6 5 2 5 N	S N	E A	0 0 0 0 1	W	2 3 4 5 6

DOCUMENT NO. (Cont.) DATE	DOCUMENT NO. (Cont.) SERIAL	DEMAND	SUPPLEMENTARY ADDRESS SERV	SUPPLEMENTARY ADDRESS	SIGNAL	FUND CODE	DISTRIBUTION CODE	PROJECT CODE	PRIORITY	REQUIRED DELIVERY DAY OF YEAR	ADVICE CODE	BLANK
36 37 38 39	40 41 42 43	44	45	46 47 48 49 50	51	52 53 54	55 56 57	58 59	60 61	62 63 64	65 66	67 68 69
7 1 9	9 0 0 0 1	N	W	2 3 M W R	B	7 U U			1 3			

	REJECT CODE (FOR USE BY SUPPLY SOURCE ONLY)	IDENTIFICATION DATA
70 71 72 73 74 75 76 77 78 79 80	65 66	*1. MANUFACTURER'S CODE AND PART NO. (When they exceed card columns 8 thru 22)
		2. MANUFACTURER'S NAME: PICKER INTERNATIONAL

3. MANUFACTURER'S CATALOG IDENTIFICATION	4. DATE (YYMMDD)	5. TECHNICAL ORDER NUMBER
6. TECHNICAL MANUAL NUMBER	7. NAME OF ITEM REQUESTED: X-RAY SYSTEM, 500MA, RADIOGRAPHIC	
8. DESCRIPTION OF ITEM REQUESTED: SEE ATTACHED PRICE QUOTE FOR SYSTEM DESCRIPTION		8a. COLOR 8b. SIZE
9. END ITEM APPLICATION		9a. SOURCE OF SUPPLY
9b. MAKE	9c. MODEL NUMBER / 9d. SERIES	9e. SERIAL NUMBER
10. REQUISITIONER (Clear text name and address): U.S. ARMY MEDDAC FORT SWAMPY, YY	11. REMARKS: MEDCASE ACN 3000-97-999, EST $156,000	

FOLD LINE — FOLD LINE

DD FORM 1348-6, FEB 85 *Edition of Apr 77 may be used until exhausted* — DOD SINGLE LINE ITEM REQUISITION SYSTEM DOCUMENT *(MANUAL - LONG FORM)*

USAPPC V1.00

APPENDIX E. DIAGNOSTIC IMAGING AND RADIATION THERAPY EQUIPMENT

E-1. INTRODUCTION

This appendix explains documents associated with the acquisition and acceptance of diagnostic imaging and radiation therapy equipment. It also provides a detailed explanation of the responsibilities and procedures involved in the acceptance of diagnostic imaging equipment acquired through contracts administered by the DSCP.

E-2. CONTENTS

Reproducible copies of documents for use in preparing MPRs may be obtained from the USAMMA.

E-3. DIAGNOSTIC IMAGING ACCEPTANCE

a. General. Upon completion of installation, the vendor is required to notify DSCP contracting office, in writing that the system is ready for acceptance inspection. The inspection must occur within 30 working days following the DSCP receipt of the notification. Initial or first-time inspection costs are at government expense, any and all re-inspections are paid for by the vendor.

b. USAMMA X-ray Acceptance Program. X-ray acceptance inspections are performed by one of the following methods.

(1) CONUS. DSCP notifies the Force Sustainment Directorate, Maintenance Operations Division of the USAMMA that the system is ready for acceptance testing.

(a) The USAMMA contacts and informs the activity that the government has received an official notification that the installation is complete and ready for inspection. If the local Medical Maintenance staff is unable to perform the required testing, they should request assistance in writing from the USAMMA, with an explanation as to why they are unable to perform the testing, i.e., lack of qualified technicians or Test, Measurement, and Diagnostic Equipment (TMDE).

(b) Technicians from the using organization or one of the USAMMA's maintenance operations (Tobyhanna, PA, or Tracy, CA) will be assigned to perform the tests. The activity is responsible for coordinating the testing schedule with the vendor service engineer, who must be there to perform the testing with the Government representative.

(c) The technician provides the results of the acceptance testing with a copy of the FDA 2579 to the DSCP contracting officer and the USAMMA. When testing is performed by the USAMMA, they provide an electronic or printed copy of the acceptance test document to the activity. The customer and the USAMMA are to retain a copy of the acceptance test information. The USAMMA also provides a copy to the Contracting Officer with a recommendation on the warranty start date.

(2) OCONUS. DSCP notifies the USAMMA that the system is ready for acceptance testing. The Medical Maintenance Operations Division notifies the appropriate OCONUS maintenance activity, who conducts the tests. Upon completion of the testing, the OCONUS maintenance activity sends copies of the results to DSCP and the USAMMA.

(3) Local Acceptance. Certain types of diagnostic imaging systems, such as mobile radiographic or fluoroscopic units, dental x-ray systems, conventional radiographic or fluoroscopic systems, or other systems which do not require extensive testing may be inspected locally by Biomedical Equipment Maintenance personnel. Local inspection is dependent upon the availability of qualified personnel and the necessary TMDE.

c. Acceptance Test Failure. The failure of an x-ray system to meet acceptance test protocols and federal regulations is a determination that may be made only by the contracting officer. Once the vendor has been notified with rejection letter, he is required to reimburse the government for all expenses related to the re-inspection. The contracting officer determines the warranty start date. If the system passes the initial acceptance testing, the date that DSCP receives the notice from the vendor that the system is ready for acceptance testing becomes the warranty start date. If the system fails the initial inspection, the warranty start date is the date that the system passes the re-inspection testing.

APPENDIX F. TOTAL CASE ANALYSIS (TCA) FORMAT

F-1. GENERAL INSTRUCTIONS

a. A Total Cost Analysis must accompany the initial submission (non-replacement requirements/new technology) of items or systems with a total cost of $100,000 or more. This requirement does not apply to TARA-generated requirements, since the TARA report already includes a TCA. If your request is for a non-medical item, answer as many questions as are applicable.

b. The TCA must be worded in concise language, responding to each question in the format shown below. The submission will be understandable without the reader having to refer to this format. For medical items, do not use the term "not applicable." The submission will state why a question is not applicable. Workload data cited in the submission will pertain only to the equipment or system being requested. The cost analysis section must be complete. Data on cost per procedure and annual costs where services are provided by other facilities must relate to workload and cost for performing these same services in-house.

F-2. EQUIPMENT DESCRIPTION

a. Provide a functional description. Describe what the unit does and its intended use (i.e., generic description and types and number of procedures).

b. Give a complete description of the item or system. (Include all major attachments or accessories, models, and manufacturer.) A quote is acceptable.

c. Describe how these procedures are accomplished now.

F-3. BASIS FOR REQUIREMENT

a. The MEDCASE/SuperCEEP submission, DA Form 5027 and 5028 should answer the following questions:

(1) What will the equipment be used for and why is it required?

(2) How will the equipment be used with other equipment?

(3) What are the advantages of the requested item over equipment currently in use or available on the market and why are these advantages needed?

(4) What will be the impact upon mission accomplishment if the requested item is not acquired?

(5) Will patient care be improved? How?

(6) Has consideration been given to the use of available excess assets?

(7) What technological advantages are gained?

(8) How does the equipment support (if applicable) the assigned physician-training program?

(9) How many qualified personnel are required to operate the equipment versus the number of qualified personnel currently available?

(10) Operator training requirements.

(a) How many personnel need to be trained?

(b) How is the training to be accomplished?

(11) How will the equipment be maintained?

(12) Maintenance training requirements.

(a) How many maintenance personnel need to be trained?

(b) How will training be accomplished?

(13) What building modifications (structural and utilities) are required? Include a written cost estimate.

(14) What other health care facilities (DOD, Veterans Administration and civilian health care facilities are near your facility? Provide name, location, and distance from your activity.

(a) Based on workload, what is the cost per procedure at each location? List procedures by type and number. Provide projected annual workload for the equipment being requested. Explain any differences between current and planned workload. (For multiple procedures use average costs.) List separately for each facility.

(b) What are the patient transportation, travel, and per diem costs? Also, identify other costs such as technical or professional personnel required to accompany patients.

(c) What are the annual costs, if workload is purchased from available Federal or civilian sources?

(d) Explain why each facility can or cannot satisfy your requirement.

F-4. COST ANALYSIS

a. Acquisition costs:

(1) Equipment: $_____

(2) Transportation: $_____

(3) Installation: $_____

(4) Facility modification (structural and utilities): $_____

(5) Training (maintenance and operator personnel): $_____

(6) Total fixed cost: $_____

b. Anticipated life expectancy of the item or system (include rationale used in establishing the life expectancy) (Reference TB-MED-7.)

Annual allocation of fixed cost (total fixed cost divided by life expectancy)

c. Annual operating costs (must be based on workload)

(1) Consumable supplies: $_____

(2) Maintenance: $_____

(3) Personnel: $_____
(Include all personnel costs using appropriate standard services tables. If personnel costs will be reduced, the cost savings should be subtracted from operating costs.)

(4) Total annual operating costs: $_____

(5) Total life cycle sustainment costs: $_____
(Annual allocation of fixed cost plus total annual operating costs)

F-5. NON-MEDICAL ITEM

Is it more cost effective to lease this item versus purchase?

APPENDIX G. WEBMRE ACCESS – USER-ID REQUEST FORM (MM260)

G-1. GENERAL

The USAMMA User-ID Request Form MM260 is the primary form used to request access for the WebMRE.

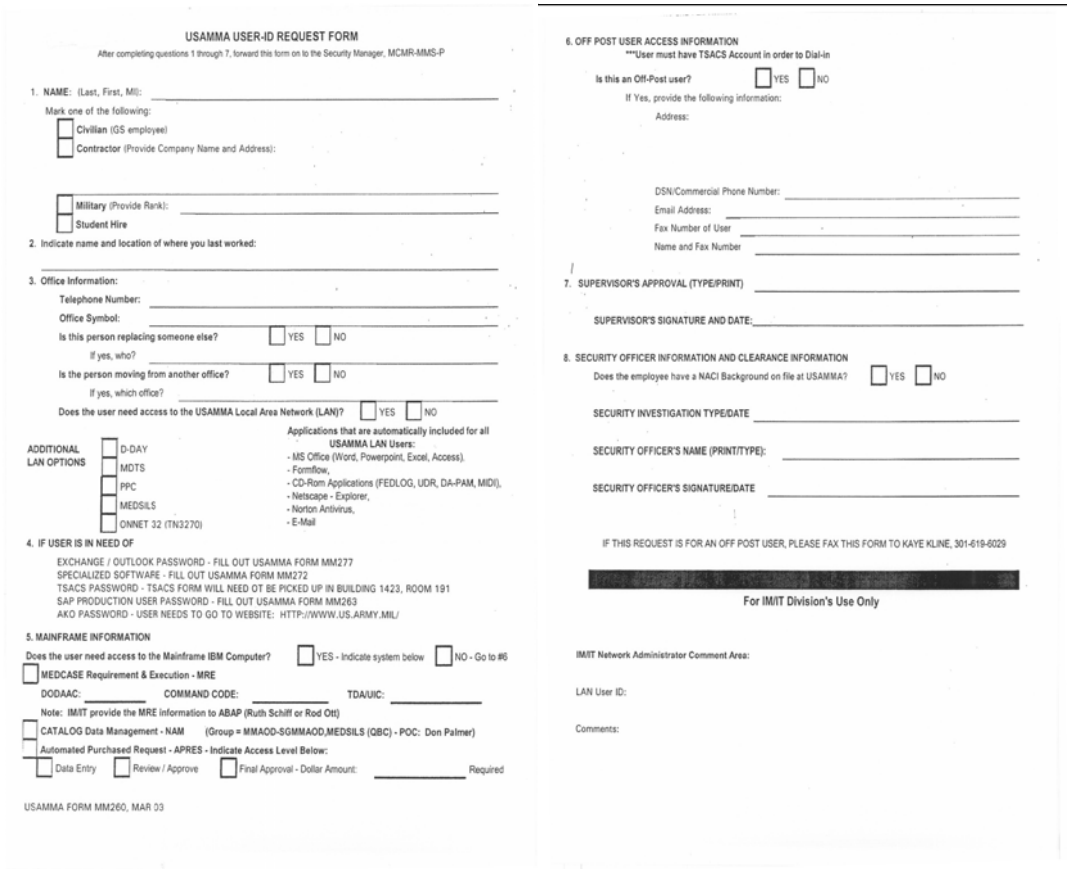
G-2. REPRODUCTION

USAMMA Form MM260 will be locally reproduced on 8½ by 11 inch-paper. Copies for reproduction purposes are located at the back of this publication.

G-3. PREPARATION

Form MM260 must be prepared for each individual requesting access to the WebMRE system. Fax complete copies of the MM260 to the USAMMA MEDCASE Manager at (301) 619-4480 or via e-mail to medcasemgr@amedd.army.mil. Copies that are forwarded to the commands and to the USAMEDCOM should bear original signatures.

G-4. INSTRUCTIONS FOR COMPLETING FORM MM260



USAMMA USER-ID REQUEST FORM

After completing questions 1 through 7, forward this form on to the Security Manager, MCMR-MMS-P

1. NAME: (Last, First, MI):

Mark one of the following:

☐ Civilian (GS employee)

☐ Contractor (Provide Company Name and Address):

☐ Military (Provide Rank):

☐ Student Hire

2. Indicate name and location of where you last worked:

3. Office Information:

Telephone Number:

Office Symbol:

Is this person replacing someone else? ☐ YES ☐ NO

If yes, who?

Is the person moving from another office? ☐ YES ☐ NO

If yes, which office?

Does the user need access to the USAMMA Local Area Network (LAN)? ☐ YES ☐ NO

ADDITIONAL LAN OPTIONS

☐ D-DAY
☐ MDTS
☐ PPC
☐ MEDSILS
☐ ONNET 32 (TN3270)

Applications that are automatically included for all USAMMA LAN Users:
- MS Office (Word, Powerpoint, Excel, Access),
- Formflow,
- CD-Rom Applications (FEDLOG, UDR, DA-PAM, MIDI),
- Netscape - Explorer,
- Norton Antivirus,
- E-Mail

4. IF USER IS IN NEED OF

EXCHANGE / OUTLOOK PASSWORD - FILL OUT USAMMA FORM MM277
SPECIALIZED SOFTWARE - FILL OUT USAMMA FORM MM272
TSACS PASSWORD - TSACS FORM WILL NEED OT BE PICKED UP IN BUILDING 1423, ROOM 191
SAP PRODUCTION USER PASSWORD - FILL OUT USAMMA FORM MM263
AKO PASSWORD - USER NEEDS TO GO TO WEBSITE: HTTP://WWW.US.ARMY.MIL/

5. MAINFRAME INFORMATION

Does the user need access to the Mainframe IBM Computer? ☐ YES - Indicate system below ☐ NO - Go to #6

☐ MEDCASE Requirement & Execution - MRE

DODAAC: _____ COMMAND CODE: _____ TDA/UIC: _____

Note: IM/IT provide the MRE information to ABAP (Ruth Schiff or Rod Ott)

☐ CATALOG Data Management - NAM (Group = MMAOD-SGMMAOD,MEDSILS (QBC) - POC: Don Palmer)

☐ Automated Purchased Request - APRES - Indicate Access Level Below:

☐ Data Entry ☐ Review / Approve ☐ Final Approval - Dollar Amount: _____ Required

USAMMA FORM MM260, MAR 03

6. OFF POST USER ACCESS INFORMATION

***User must have TSACS Account in order to Dial-In

Is this an Off-Post user? ☐ YES ☐ NO

If Yes, provide the following information:

Address:

DSN/Commercial Phone Number:

Email Address:

Fax Number of User

Name and Fax Number

7. SUPERVISOR'S APPROVAL (TYPE/PRINT)

SUPERVISOR'S SIGNATURE AND DATE:

8. SECURITY OFFICER INFORMATION AND CLEARANCE INFORMATION

Does the employee have a NACI Background on file at USAMMA? ☐ YES ☐ NO

SECURITY INVESTIGATION TYPE/DATE

SECURITY OFFICER'S NAME (PRINT/TYPE):

SECURITY OFFICER'S SIGNATURE/DATE

IF THIS REQUEST IS FOR AN OFF POST USER, PLEASE FAX THIS FORM TO KAYE KLINE, 301-619-6029

For IM/IT Division's Use Only

IM/IT Network Administrator Comment Area:

LAN User ID:

Comments:

ITEM 1 Name. Write name of person requesting access and check whether civilian, Military, Student Hire, or Contractor. If contractor, note the Company and ending date of your contract.

ITEM 2 Name of location where you work.

ITEM 3 Office Information. Telephone Number, Office Symbol, Check YES or NO if the User is replacing someone else and if the user is moving from another office, Check No to the user needing access to the USAMMA LAN, disregard Additional LAN Options.

ITEM 4 Blank

ITEM 5 Click NO to user needing access to the Mainframe IBM Computer, Check MEDCASE Requirement & Execution, input DODAAC, Command Code, and TDA/UIC.

ITEM 6 Check YES if off-post user, input address (to include building number), DSN/commercial phone number, email address, and fax number.

ITEM 7 Supervisor's Approval, Signature, and Date.

ITEM 8 Your site's Security Officer should fill out this info. Provide Security Investigation Type and Date, Security Officer's Name, Signature, Date of Signature, and Phone number. (User must have a NACI Background on file at their site)

SB 8-75 MEDCASE Glossary - 2006

Abbreviation/Acronym	Definition
A	
AAC	Acquisition Advice Code
ACN(s)	Asset Control Number(s)
ADPE	Automated Data Processing Equipment
AMEDD	Army Medical Department
AP	Accounts Payable
AKO	Army Knowledge Online
AVF	Asset Visibility File
B	
BASOPS	Base Operations
BCE	Base Level Commercial Equipment
BLIC	Budget Line Item Code
C	
CCP	Consolidation Containerization Point
CEEP	Capital Expense Equipment Program
CFO	Chief Financial Officer
CICA	Competition in Contracting Act
CLIN	Contract Line Item
CONUS	Continental United States
CT	Computed Tomography
D	
DA	Department of the Army
DCSIE&FM	Deputy Chief of Staff for Installations, Environment, and Facility Management
DFARS	Defense Acquisition Regulation Supplement
DHP	Defense Health Program
DIRS	Diagnostic Imaging and Radiotherapy Subcommittee
DLA	Defense Logistics Agency
DMFO	Defense Medical Facilities Office
DMLSS	Defense Medical Logistics Standard Support
DMS	Defense Messaging System
DOD	Department of Defense
DSCP	Defense Supply Center Philadelphia
E	
EMSS	Emergency Medical Services System
F	
FAR	Federal Acquisition Regulation
FOB	Free On Board
FSR	Facilities Survey Report
FY	Fiscal Year

(con't) SB 8-75 MEDCASE Glossary - 2006

Abbreviation/Acronym	Definition
G	
GFE	Government Furnished Equipment
H	
HA	Health Affairs
HFPO	Health Facility Project Office
HPO	Health Physics Officer
I	
IAW	In Accordance With
IDC	Item Description Code
IFT	Interfund Transfer
IMA	Information Mission Area
IMAE	Information Mission Area Equipment
IMO	Information Management Officer
IMP	Information Management Plan
J	
JMAR	Joint Medical Asset Repository
JSN	Joint Service Number
J&A	Justification and Approval
L	
LAN	Local Area Network
LIN	Line Item Number
LOAs	Letters of Authority
LOGCAT	Logistical Category
M	
MEDCASE	Medical Care Support Equipment
MIL-STD	Military Standard
MILCON	Military Construction
MIPR	Military Interdepartment Purchase Request
MPR	MEDCASE Program Requirements
MRI	Magnetic Resonance Imaging
MSC	Major Subordinate Command
MSTF	MEDCASE Support and Transmittal Form
MTF(s)	Medical Treatment Facility(ies)
O	
OASD	Office of the Assistant Secretary of Defense
OCONUS	Outside the Continental United States
OMD	Operations and Maintenance, Defense
OTSG	Office of the Surgeon General

(con't) SB 8-75 MEDCASE Glossary - 2006

Abbreviation/Acronym	Definition
P	
PAC	Participant Action Code
PACS	Picture Archiving Communications System
PASS	Pre-Acquisition Site Survey
PBAC	Program Budget Advisory Committee
PBO	Property Book Officer
PET	Positron Emission Tomography
PFD	Program For Design
POC	Point of Contact
POM	Program Objective Memorandum
PRR	Project Rooms Report
R	
RDD	Required Delivery Date
RDTE	Research, Development, Test and Evaluation
RMC	Regional Medical Command
ROD	Report of Discrepancy
S	
SEQ	Sequence Number
SICC	Service Item Control Center
SIDPERS	Standard Installation/Division Personnel System
SOP	Standard Operating Procedure
SPECT	Single Photon Emission Computed Tomography
STANFINS	Standard Army Finance System
STCPC	Strategic Technology/Clinical Policies Council
SuperCEEP	Super Capital Expense Equipment Program
T	
TARA	Technology Assessment/Requirements Analysis
TDA	Table of Distribution and Allowances
TEWLS	Theater Enterprise Wide Logistics System
TMDE	Test, Measurement, and Diagnostic Equipment
U	
UIC	Unit Identification Code
USACE-HNC	U. S. Army Engineering and Support Center
USAHFPA	U.S. Army Health Facility Planning Agency
USAMEDCOM	U.S. Army Medical Command
USAMMA	U.S. Army Medical Materiel Agency
W	
WAN	Wide Area Network
WebMRE	Web MEDCASE Requirements and Execution
WRAMC	Walter Reed Army Medical Center

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MEDCASE PROGRAM REQUIREMENT

For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG

1. DATE *(YYYYMMDD)*

2. ACTIVITY *(Name and Address)*	3. FROM *(Div, Dept or Svc)*	4. ASSET CONTROL NUMBER

5. TDA-UIC	6. HAND RECEIPT CODE	7. BUDGET LINE ITEM CODE

8. REQUIREMENT SUBMISSION ☐ NEW *(1st Submission)* ☐ RE-SUBMISSION	9. POINT OF CONTACT	10. PHONE NUMBER

11. STANDARD ITEM DESCRIPTION OR GENERIC NOMENCLATURE *(See SB 8-75 MEDCASE)*

12. EXTENDED/SYSTEM DESCRIPTION	13. QUANTITY	14. UNIT PRICE

15. JUSTIFICATION

15a. HOW IS THE FUNCTION NOW BEING ACCOMPLISHED?

15b. WHY IS THIS EQUIPMENT REQUIRED? *(Workload data, new technology, cost reduction, maintenance costs, equipment down time or nonavailabilityobsolescence of current methods, etc.)*

15c. IMPACT IF EQUIPMENT IS NOT PROVIDED

16. ARE PERSONNEL ASSIGNED AND TRAINED TO OPERATE EQUIPMENT? *(If No, explain)*

☐ YES ☐ NO

17. SPECIAL EQUIPMENT CATEGORY

☐ FOR NEW OR RENOVATED FACILITY (BLIC NF)
☐ CLINICAL INVESTIGATION PROGRAM (BLIC CF)
☐ FOR NEW OR RENOVATED FACILITY (BLIC MB)
☐ POLLUTION CONTROL PROGRAM (BLIC PC)
☐ DRUG ABUSE/CONTROL PROGRAM (BLIC DA)
☐ REPLACE, MODERNIZE, OR ACQUIRE EQUIPMENT FOR EXISTING FACILITY (BLIC UR)
☐ REPLACEMENT NORMAL ☐ REPLACEMENT ACCELERATED ☐ NEW MISSION ☐ MODERNIZATION
☐ OTHER ☐ UPGRADE ☐ EXCESS ☐ LEASE

18. ITEM BEING REPLACED? ☐ YES ☐ NO	19. NSN/MCN	20. MMCN	21. SERIAL NUMBER

22. MODEL NUMBER	23. LOCATION	24. DISPOSITION ☐ RETAIN AS BACK-UP ☐ TURN IN AS EXCESS ☐ TRADE-IN

25. I CERTIFY THE INFORMATION ON THIS PAGE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

25a. TYPED NAME AND TITLE OF REQUESTOR	25b. SIGNATURE

26. THIS EQUIPMENT IS NECESSARY FOR THE ACCOMPLISHMENT OF THIS ACTIVITY'S MISSION.

26a. TYPED NAME AND TITLE OF CHIEF OF DIV/DEPT/SVC	26b. SIGNATURE

MEDCASE SUPPORT AND TRANSMITTAL FORM

For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG

1. ACTIVITY	2. ASSET CONTROL NUMBER

EQUIPMENT MAINTENANCE ACTIVITY

3. DO YOU SEE PROBLEMS WITH PROVIDING MAINTENANCE SUPPORT? *(If Yes, explain)*
☐ YES ☐ NO

4. MAINTENANCE WILL BE PROVIDED ☐ IN-HOUSE ☐ SERVICE CONTRACT	5. ANNUAL MAINTENANCE COST	6. TRAINING TYPE ☐ NONE ☐ ONE TIME ☐ RECURRING

7. REPLACED ITEM WITH MAKE AND MODEL

8. LIFE EXPECTANCY *(Years)*	9. DATE IN SERVICE *(YYYYMM)*	10. MCEL COST	11. EXPENDED COST

12. EQUIPMENT AND INSTALLATION CHARACTERISTICS	13. THE JUSTIFICATION PROVIDED HAS BEEN REVIEWED AND THE STATEMENTS REGARDING MAINTENANCE HAV E BEEN VERIFIED.
☐ REQUIRES INSTALLATION ☐ COMPLEX ☐ ROUTINE ☐ REQUIRES TURNKEY INSTALLATION ☐ EXISTING EQUIPMENT REQUIRES DE-INSTALLATION ☐ ADDITIONAL ELECTRICAL SUPPORT OR EMERGENCY POWER	THE REPLACEMENT OF THE ITEM ☐ IS ☐ IS NOT SUPPORTED BASED UPON MAINTENANCE CONSIDERATIONS.

14. TYPED NAME AND TITLE OF REVIEWING OFFICIAL	15. SIGNATURE

ENGINEER ***(Health Facility Project Officer for BLIC NF & MB)***

16. ARE SITE MODIFICATIONS, UTILITIES OR OTHER COSTS INVOLVED? ☐ YES ☐ NO	17. ESTIMATED SITE PREPARATION COSTS	18. WITHIN THE SCOPE OF THE PROJECT (BLIC NF OR MB)? ☐ YES ☐ NO

19. TYPED NAME AND TITLE OF REVIEWING OFFICIAL	20. SIGNATURE

INFORMATION MANAGEMENT OFFICER

21. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND
☐ APPROVAL ☐ DISAPPROVAL ☐ N/A

22. TYPED NAME AND TITLE OF REVIEWING OFFICIAL	23. SIGNATURE

RESOURCES MANAGEMENT OFFICER

24. NON-MEDCASE COSTS ASSOCIATED WITH THIS REQUIREMENT ARE WITHIN CURRENT OR ANTICIPATED RESOURCES OF THIS ACTIVITY? ☐ YES ☐ NO	25. THE ECONOMIC CONSIDERATIONS CITED *(In Justification)* HAVE BEEN VERIFIED AND ARE ACCURATE? ☐ YES ☐ NO

26. TYPED NAME AND TITLE OF REVIEWING OFFICIAL	27. SIGNATURE

RADIOLOGY REVIEW

28. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND *(Comments attached)*
☐ APPROVAL ☐ DISAPPROVAL

29. TYPED NAME AND TITLE OF REVIEWING OFFICIAL	30. SIGNATURE

LOGISTICS REVIEW

31. I HAVE REVIEWED THIS REQUEST AND RECOMMEND
☐ APPROVAL ☐ DISAPPROVAL

I CERTIFY THIS REQUEST IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. REQUESTED EQUIPMENT IS ELIGIBLE FOR MEDCASE ACQUISITION.

32. TYPED NAME OF LOGISTICS CHIEF	33. SIGNATURE OF LOGISTICS CHIEF

ACTIVITY COMMANDER REVIEW

34. I HAVE REVIEWED THIS REQUEST AND RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL	35. EQUIPMENT REPLACED WILL BE ☐ TURNED IN ☐ RETAINED ☐ N/A

36. TYPED NAME OF ACTIVITY COMMANDER	37. SIGNATURE OF ACTIVITY COMMANDER

REGIONAL MEDICAL COMMAND (RMC) REVIEW

38. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL	39. RMC CONSULTANT ACTION CODE

40. TYPED NAME OF RMC COMMANDER	41. SIGNATURE OF RMC COMMANDER

By Order of the Secretary of the Army:

PETER J. SCHOOMAKER
General, United States Army
Chief of Staff

By Order of the Secretary of the Army:

Official:

JOYCE E. MORROW
Administrative Assistant to the
Secretary of the Army

Distribution:

To be distributed in accordance with initial distribution number (IDN) 340005, requirements for SB 8-75 MEDCASE.

PIN: 050307-000